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THE TREATMENT AND CARE OF THE INSANE IN PENNSYLVANIA

BY
C. FLOYD HAVILAND, M.D.

PUBLISHED BY
THE PUBLIC CHARITIES ASSOCIATION
OF PENNSYLVANIA
EMPIRE BUILDING, PHILADELPHIA
1915

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REFERENCE

COLLECTIONS

THE TREATMENT AND CARE OF THE INSANE IN PENNSYLVANIA

BEING
THE REPORT OF A SURVEY OF ALL THE INSTITUTIONS IN PENNSYLVANIA CARING FOR THE INSANE

MADE FOR
THE PUBLIC CHARITIES ASSOCIATION OF PENNSYLVANIA

BY
C. FLOYD HAVILAND, M.D.

DURING
THE SIX MONTHS FROM
JUNE 1 TO DECEMBER 1
1914

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PUBLICATION No. 15

—

PUBLISHED BY
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Introduction

THERE are more than eighteen thousand indigent insane in Pennsylvania. Less than eleven thousand of these unfortunates are cared for in State Hospitals. Yet these State Hospitals "afford practically the only opportunity in the State of Pennsylvania for a public mental case to receive active medical treatment directed to the alleviation or cure of mental disease."

In so many of the local hospitals and almshouses the insane are accorded precisely the opposite of the remedial treatment which they should receive. Instead of care they are neglected. Instead of wholesome and varied food they receive ill prepared and unfit diet, and often very scanty at that. Instead of the full view of the sky they have the board fence, or worse, surrounding the Exercise Yard. Instead of freedom they have the hand-cuff or the strait-jacket. No class of persons, sick or well, more need regulated occupation and exercise and open air work, such as farm work and plenty of room, than the insane.

They need all that well people need to keep them well, plus the best medical care and treatment. Locked up, out of sight, neglected, forgotten, their misery cannot be told. The strongest in physical health and mental vigor would break down if subjected to the treatment which several thousand of our insane fellows in the State of Pennsylvania continue to suffer needlessly.

As long ago as 1870 the late Mr. George L. Harrison, then President of the State Board of Charities, advocated the "establishment by the State, within a reasonable time, of sufficient accommodation for the maintenance and treatment of all the insane who may not be cared for in private hospitals."

Forty-four years later Mr. Harrison's son, Mr. Charles Custis Harrison, by his generosity made it possible for The Public Charities Association of Pennsylvania to employ Dr. C. Floyd Haviland, of the Kings Park State Hospital, Kings Park, Long Island,

New York, to make a six months' study of all the institutions in Pennsylvania caring for the insane.

The following pages contain a summarized report of Dr. Haviland's survey.

This report demonstrates beyond peradventure that to-day, as in 1870, the most advanced step possible on behalf of the indigent insane in Pennsylvania is the adoption of a plan by which the State shall support and care for all its dependent insane in institutions owned and controlled by it. Anything short of this is a mere make-shift.

Is not a period of forty and more years a long enough time for discussion? If so, has not the time now come for action?

CHARLES H. FRAZIER, M.D.,
President
The Public Charities Association
of Pennsylvania.

April 9, 1915.

Resolution Adopted

by

Pennsylvania State Board of Public Charities in 1870

Hon. George L. Harrison, President

Resolved, That the Board of Public Charities, having witnessed the evils which result from connection of insane asylums with almshouses, and believing that a wrong is done to the insane by classing them with paupers, hindering the public from estimating aright their claims to sympathy and remedial treatment, disapprove of such an alliance, and believe that the best interest of this afflicted class of people and the duty of the State concur in the establishment by the State, within a reasonable time, of sufficient accommodation for the maintenance and treatment of all the insane who may not be cared for in private hospitals.

Resolved, That, in the judgment of the Board, all superintendents of hospitals for the insane should be members of the medical profession.

THE TREATMENT AND CARE OF THE INSANE IN PENNSYLVANIA

BEING THE REPORT OF A SURVEY OF ALL THE INSTITUTIONS IN PENNSYLVANIA CARING FOR THE INSANE, MADE TO THE MEMBERS OF THE COMMITTEE ON MENTAL HYGIENE, OF THE PUBLIC CHARITIES ASSOCIATION OF PENNSYLVANIA

GENTLEMEN: In accordance with the plan outlined by you, and with the sanction of the Committee on Lunacy of the Pennsylvania State Board of Public Charities, I have completed a survey of the State, as regards the conditions attending the care of the insane and defectives, so far as they are confined in public institutions.

It is unfortunate that there is little opportunity for the public to learn about such conditions and hence public interest is apt to be limited. The importance, however, of properly dealing with the insane can scarcely be overestimated. The modern conception of mental disease, as a condition resulting in defective social adjustment, renders it easier to understand the intimate relationship existing between abnormal mental states and such social evils as vagrancy, intemperance, immorality, crime, etc. Such relationship is now indisputable, and it reveals the necessity of adequately dealing with the problem of the insane, not as an academic question but as a practical issue involving numerous social ills directly and indirectly dependent upon mental disorders. To successfully combat such ills mental disease itself must be first successfully combated. It is far more than a question of mere custodial care for the insane; what is needed is that every known means be provided for the treatment and especially for the prevention of insanity.

Mental disease not only vitally affects society as a whole but either directly or indirectly it affects every individual member of

the community. The proper care and treatment of even the dependent insane should, therefore, be regarded as a community investment, a matter of self-preservation rather than as a charity. The monetary cost of the social evils which depend in a large measure upon mental disease is far greater than the cost of adequately treating insanity and thus to a great extent removing one of the fundamental causes of such evils. In so far as insane patients fail of recovery, through a lack of proper care and treatment, just so far does such lack mean unnecessary economic loss. Charity implies giving without thought of return, but proper facilities for the insane imply large returns not only in human happiness but in economic advantage and, therefore, an insane patient receiving treatment in a public institution should be considered no more a recipient of charity than is the farmer hauling his produce to market over a State road. In each instance the individual receives a direct benefit from a public utility, but society's gain is no less real because indirect. Proper treatment of the insane is merely a form of social insurance.

No system of care for the insane can be permanently successful without a sustaining public opinion, and no method of moulding public opinion is equal to the presentation of facts; hence in making the survey every effort was made to insure such a statement as would bear internal evidence of an impartial, unprejudiced attitude in collecting data and of the truth of every fact stated. If any change in existing conditions is needed facts alone should be used to determine the direction of such change.

With the kindly assistance of Mr. Bromley Wharton, General Agent and Secretary of the State Board of Public Charities, and Dr. Frank Woodbury, Secretary of the Committee on Lunacy, of such Board, a list was prepared of all public institutions in the State known to care for the insane, classifying them as to type; it was thus shown there are 8 State hospitals, 19 County, or Poor District, hospitals, and 4 Municipal hospitals, while in 11 almshouses insane persons are kept for a greater or lesser period, 3 of the almshouses maintaining distinct insane departments, although unlicensed to do so. With such widely varying types of institutions a brief sketch of the manner in which the care of the insane has developed in Pennsylvania may serve to render more intelligible the present situation.

Originally the insane who had become dependent, by reason of

their infirmity or otherwise, were cared for by poor districts in the almshouses, together with all other dependent persons, sick or well, thus following the early English custom. The conception of insanity as a sickness had not then become prevalent and it was not until the notable memorial was presented to the State Assembly in 1845, by Dorothea Dix, that the community awoke to a realization of the need for a change. Then it was that the State first took official action regarding the insane, who were described, in the memorial mentioned, as being housed in buildings unfit for human habitation and receiving not only no medical attention but only custodial care of the crudest sort. In an effort to correct conditions laws were passed in 1845 and in 1848, providing for the first State institution for the "Care of the Insane of this Commonwealth," which was then known as the Pennsylvania State Lunatic Asylum, at Harrisburg. The counties were granted the right to send a proportionate number of their insane to it, remaining responsible, however, for such patients' maintenance,—the State providing only the material plant. After some years, a single institution proved inadequate, and there followed the establishment, in 1853, of the semi-public institution known as Dixmont, located near Pittsburgh. Within a few years such provisions were found insufficient and there was established a State institution for the insane, in 1868, at Danville, but, even with such added accommodations, a large number of the insane still remained in almshouses, and we find in the annual report of the State Board of Public Charities for 1870 reference to the matter as follows:

"More especially do we wish to denounce the cruel wrongs which the insane suffer who are inmates of almshouses; these institutions are generally wholly unsuited for their care or even detention, or, if suitable, are presided over by persons who are entirely ignorant of the needs of this class of the sick or infirm, and whose administration is based on the crudest ideas of mental diseases. * * * No hospital for the insane should remain without the constant supervision of a medical superintendent. The stewards of almshouses are never selected from any consideration of the needs of the insane."

Accompanying the report above quoted was a copy of the resolutions which follow the title-page of this report.

In 1871, the General Agent of the Board of Public Charities reported, with regard to the insane in almshouses, as follows:

"Indeed, without a total revolution of the system, it is impossible to greatly improve it. There may be great faults in the management of these poorhouses, some of which might be remedied, and others are probably incapable of remedy, but the great cause, the fundamental cause of the evil, is the system itself. If the administration was made as perfect as human infirmities allow, if the best superintendents or wardens, and the most faithful attendants were secured, while the evil might be mitigated, it would remain substantially the same until the system itself is changed. The remedy is not reform, but revolution."

Again, the following year, in 1872, Hon. George L. Harrison, President of the Board of Public Charities, reported to the Assembly, in reference to the same subject, as follows:

"For, at the best, they are merely confined in places of detention, under the guardianship of a respectable overseer, who is wholly ignorant of their disease and of the means necessary for its alleviation or its cure. We say at the best: we hesitate to describe the reverse of the picture; it would exhibit a scene of as cheerless and uncomforted misery as the most bitter misanthrope could desire to look upon. * * * The victims in this case are a class of defenseless invalids, whose circumstances appeal with a special urgency to every sense of humanity and justice. * * * Houses of detention, simply as such, misrepresent the real demand of an enlightened public mind in relation to all classes of unfortunates,—they ignore the principle of the dignity of the human person, which should govern the consideration of these classes. This discrimination is lost where the thought prevails that the chief good to be obtained is to restrain—to save the public in some sort from inconvenience, or damage, or depredation. This should surely be looked after and secured, but its complete attainment may be better accomplished by considering at the same time the duty of humanity in the care and custody of every class of defectives. There are noble examples and exponents of this theory in this age, in all parts of the civilized world, and nowhere more devoted to its realization than in our own country, and in our own State, and we believe that a very large number of the insane in this Commonwealth are not only skillfully but tenderly treated. But this is not so in many of the county poorhouses; they have neither the accommodations nor the medical care which are suited to their wants. * * * There is nothing more true than that the State or county must pay for the support of the sufferers during life, unless suitable provision

for care and treatment induce timely restoration. It is therefore no more than the common wisdom that is applied to the ordinary business of life to take such measures as will give them the best opportunity of restoration that the age affords."

It is remarkable that the enlightened words above quoted should have been written over forty years ago, when, as this report will show, they are as applicable to-day, so far as almshouse care of the insane is concerned, as they were when written.

Largely due to the wisdom and effort of the State Board of Public Charities, the situation was still further relieved when there was established another State institution for insane at Warren, in 1873, and still later there was established the State Hospital at Norristown, in 1876.

But the number of the insane always exceeded the accommodations provided, and when, in 1883, a law was passed whereby the State took half the burden of maintenance and made mandatory the removal of all insane to the State hospitals, overcrowding resulted from the first. With the passing years, it finally became a physical impossibility to house all the insane in the State hospitals and, in an effort to improve conditions, the County Care Act of 1897 was passed, providing for county care. However, the State agreed, under certain conditions, to pay $1.75 per capita, per week, for each patient cared for in a county institution. The conditions were rigorous requirements as to accommodations provided and treatment given, it evidently being feared that the counties would not provide the same standard of care as obtained in the State hospitals, and, as a matter of fact, the counties found it impossible to satisfy all such requirements, so the law was amended, rendering the requirements less exacting. To further assist the counties, in 1899, the State increased the weekly per capita allowance from $1.75 to $2.00. Thus it is seen that, while the State has never assumed the full burden of maintenance of the insane, it has for many years aided the counties in providing for them, so that what now exists is a combined county and State system,—the counties paying a part of the maintenance of their patients in the State hospitals, and the State paying a per capita allowance for all patients in the county and Poor District institutions. In each case the difference between the amount paid and total cost of maintenance is made up by the political unit maintaining the institution, although, in the case of the State institu-

tions, such difference must not exceed $2.25 weekly per capita, the State maintenance appropriation for these institutions being based on such a fixed allowance. Such a rate contrasted with the $2.00 weekly per capita allowance to county and Poor District institutions appears to imply a recognition by the State of a higher standard of care in the State hospitals.

The existing system has now been in operation for a sufficient length of time to warrant conclusions being drawn as to its efficiency as determined by actual results, and it is to such end that this inquiry has been directed.

Aside from visits to the 31 public institutions for the insane, and to the 11 almshouses, with insane inmates, visits were also made to three large private insane hospitals, and to three State institutions for defectives, but this report will be confined to a statement of conditions found in the 19 county and Poor District hospitals, 4 municipal hospitals, and the 11 almshouses mentioned, the other institutions being considered in supplementary reports I will submit to your committee. However, for the purpose of comparison with other types of institutions, a few general statements will be made regarding the State hospitals.

It was found that the combined census of the eight State hospitals in Pennsylvania, with an official capacity of 9,457 beds, is 10,474, but 434 patients were found on parole from the hospitals, and the actual excess of patients over capacity would therefore be 583. This indicates but a moderate degree of overcrowding—but there are but few instances, either in State hospitals or other institutions for the insane, of capacities having been fixed in other than an arbitrary manner, depending upon the exigencies of the situation. Hence in some hospitals there is actual overcrowding which is not indicated by the official figures.

The State hospitals embrace the best public institutions for the care of the insane in the State, although facilities and standards of care vary within rather wide limits. However, as will be later shown, they afford practically the only opportunity in the State of Pennsylvania for a public mental case to receive active medical treatment directed to the alleviation or cure of mental disease.

In all the State hospitals physical conditions are fairly satisfactory, and in some instances especially so. With numerous buildings it is possible to classify patients, buildings with special

facilities for special classes being found in most of these institutions. There are infirmary buildings with modern surgical operating rooms, buildings for the tuberculous, reception buildings for new acute cases, convalescent buildings, buildings for the disturbed, and special buildings for hydrotherapeutic and electrotherapeutic treatment, all of which are of importance in successfully treating the insane.

In the main, general hygienic conditions are excellent, especially as regards the provision of modern sewage disposal plants. Proper attention is generally given to fire protection, and for the most part good service facilities are provided.

It is, however, in the actual care and treatment of patients that these institutions excel. With but few exceptions food and clothing are above criticism, while special attention is given to exercise, recreation and occupation. In most of these hospitals occupation is under medical direction and, being regarded only as a therapeutic agent, the need of the patient is paramount to the need of the work. In several hospitals special occupational training is given for the correction of faulty habits, and intensive personal effort is made to awaken dormant interests.

Most of the hospitals maintain nurses' training schools, and in one over 50 per cent. of the ward employees are graduate nurses. As a result of the substitution of nursing care for custodial care, restraint and seclusion have been greatly reduced, and in one hospital entirely abolished; in another hospital restraint has been reduced 50 per cent. during the past year, and in still another 25 per cent. during a recent period.

In some of the hospitals the medical work is especially commendable. Clinical and pathological laboratories are provided, and that the latter have a distinct practical value is shown at one State hospital, where formerly typhoid fever was rife every year; however, it no longer occurs since general immunization by antityphoid vaccine has been adopted, the vaccine being prepared in the hospital laboratory.

In discussing the institutions, of which this report treats in detail, it will, unfortunately, be necessary to criticize more freely to accurately indicate the conditions found to exist. But that no local authority may have ground for just complaint, that the comments made are unjustly discriminatory, institutions will be mentioned by number only. Unfortunately, however, those

familiar with certain institutions will doubtless be able to identify them, owing to the necessity of discussing conditions peculiar to them alone, but as such discussion is necessary to a proper understanding of general conditions, the possibility of recognition of identity of such institutions appears unavoidable.

Features worthy of commendation have been noted, as well as those deserving of condemnation, that a true balance may be reached, and from the facts given only such deductions are drawn as are justified by actual conditions.

As it was found impossible to obtain accurate statistics for all institutions for the same year, or the same date, owing to the different hospital years in vogue, and also owing to defective records, all statistical data has been taken for the last hospital year available, while, as also representing more accurately present conditions, all census data has been taken as of date of visit to the respective institutions. Throughout the report statistics will indicate census as the total number on the institution records, but the number home on parole will also be indicated, so the actual number in residence is the difference between such figures.

INSTITUTIONS FOR THE INSANE MAINTAINED BY MUNICIPALITIES, NOS. 7–10

General Statistics.—

Institution No.	*Capacity*	*Census*	*On Parole*
7	1200	1804	24
8	555	475	..
9	650	724	18
10	300	324	15
Total	2705	3327	57

While, for the purpose of this report, No. 8 is regarded as a separate institution, it is a branch of No. 7, but located at a distance from the main institution.

Institution No. 7

Physical Conditions.—The ancient, monasterial structures in which this hospital is housed are impossible. They form part of a general plant, housing also an almshouse and a general hospital. Light and air are deficient, and in some wards the day space is so limited that benches are placed in rows across the room to pro-

vide sufficient seating accommodations. The basement bathrooms are poorly lighted and ventilated. The old, unsanitary and insufficient toilet facilities are now being replaced. The service departments are all cramped for space. The fire protection could be improved, several iron fire-escapes having wooden platforms. Some of the stone stairways are enclosed in wooden towers and others lead to the cellar only.

Overcrowding is of a serious degree. In some places beds actually touch. One ward is so completely filled with beds that but a narrow space remains between them and the four side walls for day space. In view of existing conditions, it is difficult to understand how this hospital could have cared for several hundred more patients, as is said to have been the case some years ago. To accentuate the poor housing conditions, there is but limited space for outdoor exercise and there are but limited facilities for occupation. On occasion of visit but 28 per cent. of the patients were occupied for even part of the time.

Despite these adverse conditions, the housekeeping is excellent and commendable evidence of initiative was seen in the use of sanitary bubbling drinking fountains, built by hospital labor from old pipes.

Administration.—The medical work appears fairly efficient and the use of a social worker as an "after-care" agent is praiseworthy. There is a large number of patients (an average of 77) either restrained or secluded, as a result of an undue proportion of disturbed patients and too small a proportion of attendants. The number of attendants on duty on day of visit gave a proportion of but one attendant to 15 patients, a proportion too small, especially in view of existing material conditions. The small number of attendants may partly account for an apparent failure to use hydrotherapeutic facilities to capacity, especially the continuous baths.

That the large proportion of disturbed patients is directly due to the faulty conditions appears evident in view of the result following a transfer of patients to one of the State hospitals (No. 17). By special arrangement a large number of disturbed and destructive patients were included, yet, with improved housing conditions and much outdoor exercise, the majority became quiet within a few months and not a few became industrious.

The adverse conditions must also be held accountable, in a

measure at least, for the abnormally high death rate of 9.9 per cent. based on the total number of patients treated, and the abnormally low recovery rate of 7.3 per cent. based on the number of persons admitted.

The business methods here in vogue are defective; too small a stock of supplies is carried ahead, with the result, for example, that some months ago it was necessary to accept shoes said to be worth at least a dollar less than the sample shoes on which the contract had been awarded. The situation was such that either the patients had to go without shoes or the delivery had to be accepted, and the latter course was followed.

A non-medical superintendent is in charge of this hospital.

All the patients admitted pass through a psychopathic ward, which at the time of visit was most crude and without facilities, but changes have since been effected, improving the situation.

Institution No. 8

Physical Conditions.—This is in a rural locality and somewhat difficult of access. The patients' quarters are for the most part in converted farmhouses, which, in the absence of equipment, furnish rather crude accommodations, but permit a large measure of freedom, with excellent opportunity for exercise and occupation, as is shown by the fact that 48 per cent. of the population are regularly employed, the majority of the remainder being tubercular and aged, decrepit patients. The chief defects are the crude service accommodations, an insufficient water supply, great fire risk, and an unsanitary method of sewage disposal, cesspools being used which are too close to the buildings, one being not far from the dairy barn. Water mains and sewer mains are being laid, however, and if properly completed, will no doubt provide an adequate water supply and a sanitary system of sewage disposal.

Administration.—Except for strictly medical matters, the head farmer is in charge, reporting directly to the lay superintendent at the mother institution, No. 7. There is evidence that more or less friction exists between the medical and farm service. The method of handling supplies does not appear to sufficiently safeguard the interests of the institution, for, while cost records are kept, unit records of articles are not.

Physical Conditions.—This institution forms one unit of a plant composed also of a general hospital, almshouse, and tubercular colony. The buildings are, in the main, satisfactory. However, in the older buildings a number of archaic features are to be noted. Several rooms are equipped with concrete floors, with center drains, similar to a stable. They are also provided with double, heavy, solid doors, thus providing for seclusion. For the most part, the wards are bare, lack furniture, and are desolate in appearance. Insufficient heat is provided, and last year it is said to have been necessary for patients and attendants to wear overcoats and shawls indoors. The exercise yards are objectionable, being enclosed with high, whitewashed, board fences, so closely fitted as to shut off any outside view. The grass has been worn off, and during the absence of the women from their yard, eighteen large rats were counted running about in it.

Administration.—The patients have access to running hot water, although no hot water safety devices are provided; as a result a woman patient was so severely scalded a year ago that she died following the burns. However, despite the subsequent recommendation of the State Committee on Lunacy that a safety device be installed, no action has ever been taken. On occasion of visit, there were 23 patients either restrained or secluded, 12 of whom are constantly restrained. Even such a large number is much less than a few years ago. In 1911, with a smaller census than at present, the average number of patients restrained and secluded is given as from 40 to 50. There are but 20 per cent. of the patients regularly occupied, despite the fact that there is a large farm and plenty of opportunity. However, the policy heretofore has been to use the labor of the pauper inmates of the adjoining almshouse before endeavoring to provide occupation for the insane. There has been a great lack of personal care and attention, as must necessarily be the case with the unusually low proportion of attendants. On day of visit there was but one attendant to 23 patients for day duty and one to 90 for night duty. The medical work has heretofore been on a low plane of efficiency, as could scarcely be otherwise, when during the past year, except for a few weeks, but two physicians were provided to care for from 1200 to 1400 patients, the physicians attached to this institution being obliged to care not only for the

insane, but also for over 50 tuberculous patients, over 200 general hospital patients, and nearly 300 almshouse inmates, all housed in adjoining buildings.

The future of this institution promises better things. A new medical superintendent has recently been appointed, replacing a non-medical superintendent. The new appointee fully appreciates existing needs and has already instituted improvements, while he plans many more. The dietary has been improved and a departure has been made from the routine bread, molasses and tea diet for breakfast and supper, formerly provided. Already provision has been made for proper reception wards for new patients, heretofore lacking, while hydrotherapy is to be installed, the work of reëducational occupation is to be inaugurated, and the lack of recreation to be supplied. The number of medical men has been increased; a laboratory is to be started, and, in general, it may be confidently expected that this institution will enter upon a new era. It may likewise be expected that as a result of active curative treatment for insanity there will be a fair percentage of recoveries, instead of no recoveries at all, as has been the case since 1907. The latter condition has obtained, despite the fact that during the past hospital year alone there were 66 cases admitted suffering from such recoverable psychoses as would under proper treatment yield a recovery rate of from 85 to 90 per cent. It is therefore to be most earnestly hoped that the new medical spirit now in evidence may receive every possible support.

Institution No. 10

Physical Conditions.—The buildings are good, but are located adjacent to a County Workhouse, the latter being but about 100 yards from the building for insane women, and just across a roadway from their exercise yard. The two buildings for opposite sexes are separated by an almshouse, in which are the administrative offices of the hospital. The exercise yards are enclosed with a high board fence, thus emphasizing the idea of restraint, so pernicious in its effects upon insane patients.

Administration.—The executive head is a non-medical man and the usual objections apply with even more than usual force, owing to the superintendent's lack of familiarity with the details of the hospital, evidenced by supplying considerable information later

found to be erroneous. The housekeeping of the wards is excellent, but, aside from the farm and the engineer's department, all the service departments were found in very poor order. There are no formal amusements for the patients, and even those patients fortunate enough not to be restrained lead a drab, colorless existence, but the amount of restraint used appears unwarranted. On the day of the visit there were thirty-one patients, or 10 per cent. of the total hospital population, either restrained or secluded, while eighteen patients, or 5.8 per cent., are constantly restrained or secluded. In making rounds most of such patients were found absolutely quiet, two only being moderately restless. It was said that in most cases such treatment was used because the patients had previously been disturbed. It cannot be without significance that the lay superintendent occasionally orders both restraint and seclusion, without consultation with the physician. The amount of restraint, however, appears in a measure due to the limited proportion of attendants, there being on duty, on the day of the visit, but one attendant to fifteen patients for day duty. Such lack was also given as the reason for the limited amount of outdoor exercise, patients never being out longer than two hours in any one day, even in good weather.

While, in the main, the separation of the sexes is good, there is some opportunity for improper mingling of sexes, as was shown when two working patients, a man and a woman, were found eating together in a room off the kitchen, without an attendant present.

The food service is poor and the dietary is stereotyped. All kinds of food are heaped on a single plate for each patient. For the meal inspected, after soup had been placed in deep plates, a piece of meat and sliced green cucumbers were added, and it was noticeable that as soon as the patients were seated a piece of bread was used as an auxiliary plate.

The institution lacks any hydrotherapeutic equipment or provisions for special medical treatment, and there is no treatment of insanity as such. The result is seen in the remarkably low recovery rate of 2.8 per cent., based on admissions. During the last hospital year, thirty-one cases were received suffering from a certain recoverable form of mental disease, which, under proper treatment, would have yielded a recovery rate of 85 to 90 per cent., but among the cases discharged as recovered from this

institution there was but a single patient discharged recovered who had suffered from such type of mental trouble. Tubercular patients mingle with the others until they become bedfast, when they are cared for in the neighboring almshouse, which alone has facilities for isolation. There were several insane patients residing in the almshouse on the occasion of the visit, including not only tubercular cases, but a surgical case, the almshouse alone possessing facilities for the treatment of surgical conditions. The clinical records are poor, but the medical force is too small to perform properly the medical work in this institution, with 324 insane patients, and also in the almshouse, with 201 inmates, as is required, there being but two physicians.

One of the deplorable features of this institution is that there is reason to believe that political influences have heretofore operated in the selection of employees, and the resulting inefficiency of attendants thus selected is shown in the following instances: One attendant caring for a sick patient reported a temperature of 1000 degrees; another, when told to get a bottle of ammonium chloride tablets brought bichloride of mercury tablets instead, believing all chlorides were the same. The superintendent himself admitted it was sometimes possible to find attendants on duty partially intoxicated, but said it was no use to dismiss them, as it would only mean replacing them with others of the same caliber. During visit a death was reported to the office, but a few minutes later it was reported to be a false alarm. It appeared that an attendant had been deceived when, in cleaning the bed of a sick patient, he had laid the patient on the cold concrete floor, whereupon the shock of such treatment caused collapse. As a matter of fact, however, the patient was actually in a dying condition and expired later the same afternoon.

This institution is to be moved to and consolidated with No. 9 as soon as new buildings have been there erected, a change which must necessarily result for the patients' good.

SUMMARY OF INSTITUTIONS MAINTAINED BY MUNICIPALITIES

Institution No. 7 is so unsuited architecturally for the care and treatment of insane patients that its use should be abandoned at the earliest possible moment. The great overcrowding here

existing only emphasizes structural defects. The abnormally high death rate must, in part at least, be caused by structural conditions, as the medical work appears fairly efficient.

Institution No. 8, a branch of No. 7, provides the great boon of outdoor exercise and occupation lacking in the latter. Methods of transportation are not yet adequate, the accommodations are crude, the water supply is deficient, and the sewage disposal is unsanitary, although the two defects last mentioned will apparently be remedied by the completion of plans now under way. The fire risk is considerable. The defects and disadvantages indicated are all remediable, however, and there would seem to be marked possibilities for this institution under State rather than municipal control.

Institution No. 9 has heretofore provided only the most crude custodial care. The fact that no patients have been discharged as recovered for 7 years tells the whole tale; however, a new administration has been inaugurated, and there is reason for believing that not only will the material condition of patients be improved, but that in the future they will receive active medical treatment directed to the alleviation of their mental ills, something never before provided in this institution.

Institution No. 10 is poorly located, being in association not only with an almshouse but with a County Workhouse. While the buildings are good, there are no facilities for the medical treatment of insanity and even in the treatment of physical ills the baneful practice has arisen of treating surgical and advanced tubercular cases in the almshouse, where no distinction is made between them and the paupers. Under the circumstances, it appears fortunate that this hospital is to be consolidated with No. 9.

General Considerations.—In reviewing the conditions found in this group of institutions it would appear that none have been properly performing their function as institutions for the treatment and possible cure of insanity. Political and secular interests have apparently submerged the medical spirit, and as a result it is certain that many unfortunate insane persons have failed of recovery through lack of proper medical facilities and treatment. The conviction appears irresistible that whatever may have been past policies the welfare of the community would be best served by removing these hospitals from municipal control.

LICENSED COUNTY INSTITUTIONS FOR INSANE. NOS. 19–37

General Statistics.—

Institution number	*Capacity*	*Census*	*On parole*
19	42	43	2
20	800	886	93
21	203	286	24
22	None for insane	8	0
23	305	294	6
24	107	89	9
25	50	26	0
26	25	29	1
27	48	44	2
28	50	46	0
29	64	69	0
30	530	517	9
31	300	364	42
32	600	621	17
33	132	114	1
34	40	39	0
35	500	481	25
36	229	240	9
37	96	107	5
Total	4121	4303	245

Institution No. 19

Physical Conditions.—Building for insane at rear of almshouse, with earth yard in front. It is in good repair. The halls, however, are too narrow. There is no regular dining-room, a short hall serving this purpose, in which both sexes eat at the same table. The "cells" for seclusion have concrete floors and are double-doored, the inner door being iron-barred and the outside one of heavy wood. One of these outside doors has been removed, leaving only the iron-barred door in sight and thus emphasizing the prison effect. Electric lights are used, but wiring is attached to surface of walls in such a way as to be accessible to patients. Wards are bare and without sufficient seating facilities, so that when all patients are indoors it is necessary to use backless benches from the dining-room. Much trouble is said to have been experienced from patients sitting on the flat tops of screened radiators, and local authorities have recommended that a sloping top be substituted, but additional seating facilities do not appear to have been suggested.

There are but two wards for each sex, so that little classification of patients is possible. Fire protection is insufficient.

Sewage flows untreated into an open ditch about 150 yards from the main building; when seen this ditch was absolutely stagnant. Piggery is within 200 yards of building for insane, and not overclean.

Small exercise yard for each sex is enclosed by high, whitewashed board fence, partly surmounted by barbed wire, the gate to each yard being fastened with a padlock.

In many respects almshouse building is superior to that for insane.

Administration.—Women live on second floor, but stair doors are left unlocked and separation of sexes is poor. Women patients were found doing housework in the male wards, without any attendant, although male patients were present. There is but a single married couple for day duty and another such couple for night duty. Patients are left alone much of the time. Those in the exercise yards when once locked in are left unattended. In one of these yards five concentric rings have been beaten in the earth about a tree by the ceaseless pacing of patients.

Dining-room service is crude. Food is brought in tin buckets from the almshouse. In good weather some of patients eat on the ground in the exercise yards. Most of dishes are of agate ware. Food is sufficient in amount but of limited variety. Bread, molasses, and tea or coffee are the staples for both morning and evening meals, the dietary being the same as for the almshouse.

The men's clothing is of overall material, suits being made in almshouse and little attention paid to fit. A number of patients were barefooted, and from appearance of feet, had been so for many weeks. There are no recreations provided, and but three or four patients attend the occasional religious services conducted by volunteers in the almshouse.

The visiting physician calls once a week, but only physical ills receive attention. The physician refuses to pull teeth, and after hearing a woman patient weep all night with the toothache, the "keeper" for the first time in his life pulled a tooth. He has since pulled two more. "Keeper" was formerly a farmer; he uses his own judgment in the matter of restraint and seclusion. In his opinion, two days in a strait-jacket is enough "to make them come down." Seclusion, however, is sometimes used from six to eight weeks, or even longer.

A woman patient has an open, undressed cancer, and another woman patient has recurring ulcerations of the nose, apparently of luetic origin. Neither these patients nor the single tubercular patient here are isolated, but mingle freely with the others.

A particularly reprehensible practice in this community is the custom of committing insane patients to the State Hospital only if they belong to one of the "better families" or if they are particularly disturbed or troublesome.

The neighboring almshouse is crowded every winter, and the present building for the insane could be used to advantage for the paupers were the insane removed, as they should be.

Institution No. 20

Physical Conditions.—The buildings are excellent, thoroughly fire-proof, and the grounds ample. While some wards are bare, others have decorative features. Sanitary bubbling drinking-fountains are a commendable provision. The numerous wards offer a good opportunity for classification. In general, service departments are good, but the laundry is too small and some of the departments are poorly located in basements. Farm buildings are excellent. Sewage flows untreated into a neighboring creek. Fire protection could be improved, too much reliance being placed on exterior fire-proof construction. For instance, a third-floor dormitory with about 100 patients has but a single exit to a stairway, although outside is an iron fire-escape which is inaccessible, as the oval window leading to it is guarded by permanently fastened iron bars.

All exercise yards are enclosed, one with a high, whitewashed board fence surmounted by barbed wire, while another is a court covered with stone flagging and enclosed by an iron fence surmounted by barbed wire.

The buildings of the neighboring almshouse are especially good and well adapted for the care of the insane, one building being so used. Were the almshouse and insane hospital consolidated there would no longer exist the necessity for two laundries, two direct refrigeration plants, two store rooms, two drug rooms, two power plants, two carpenter shops, two paint shops, and two plumbers' shops.

Administration.—A fair grade of custodial care is here given, but the non-medical character of the institution is shown in its

annual report, the only medical feature of which is a table showing causes of death. Physical ills receive proper treatment, but there are no facilities nor treatment for insanity as such.

Owing to overcrowding and the comparatively small proportion of attendants, restraint is much used, the overcrowding being especially apparent in the disturbed wards. A particularly objectionable form of restraint is a long-sleeved coat, by means of which patients' arms are tied behind their back.

Tubercular cases are scattered throughout the various wards, although it is proper to add that new construction now going on will provide excellent facilities for the isolation of tubercular patients.

With material facilities in general of an unusually good grade, the whole plant could be utilized to the greatest advantage as an institution solely for the insane.

Institution No. 21

Physical Conditions.—A fairly satisfactory fire-proof building is provided, many defects of which could be overcome by the expenditure of small amounts of money. Hospital is overcrowded, and as a direct result there is insufficient day space. Fly-screens throughout constitute an excellent feature. Women's wards have some decorative features, but men's wards are bare and have but few chairs, backless benches being substituted. The outside entrances have iron-barred doors outside of wooden ones, so when the latter are left open for ventilation an unpleasant prison-like effect is produced. There are a few unprotected radiators on the floor, but most are placed on the walls out of reach.

There is a great lack of space for service departments, most of them being crowded into small basement rooms. Another serious lack is the want of land, the hospital having but a small plot set apart for its use out of the entire county property, the remainder being devoted to the use of the neighboring almshouse.

Sewage flows untreated into a river about a half mile distant. There is a serious lack in the want of sufficient water supply. During the past summer water pressure has been insufficient to fill the service lines on the second floor, so water has had to be carried upstairs by hand in pails for all purposes. Despite the increased fire risk, authorities are said to have made no effort to

remedy conditions although it would appear easily possible to do so, and although the superintendent of the hospital has repeatedly urged it. There is already a well on the property giving an abundant flow of good water, but, owing to a failure to provide a sufficiently powerful pump, little relief is thus obtained.

The neighboring almshouse is in fair condition, and at an expenditure of from five to six thousand dollars could be rendered available for the care of the insane. The condition here presents a striking contrast to that of the insane hospital, for instead of being greatly overcrowded, as is the latter, less than half its capacity is now utilized.

Administration.—With but two wards for each sex, little classification is possible. There is an unusually good dietary. As result of overcrowding and an insufficient number of attendants, restraint and seclusion are frequently used. Despite efforts of the medical superintendent, it has been impossible to secure hydrotherapeutic apparatus or any special medical equipment. There are but two tubercular cases, who are allowed, however, to mingle with the other patients.

An excellent feature of this institution is the degree to which occupation for patients has been developed under adverse conditions. Those who work on the farm do so under the direction of the almshouse steward, so that the hospital superintendent has to exercise care as to the patients sent out for such work, having no knowledge of what tasks they will have to do. The superintendent is probably correct in believing that more patients could be allowed the benefit of farm work if he had the authority to regulate tasks to their varying capacities. It is unfortunate that so many of the patients working in the service departments are obliged to work in the basement where light and air are deficient.

Unusually close accounts are kept. The hospital is obliged to pay the almshouse for bread, milk and pork, although it receives no compensation in return for the labor of patients and attendants. A large number of reimbursing patients makes this institution self-supporting, aside from State aid.

Although the superintendent is a physician, he has no medical assistants, and but little help in business matters, so it would appear impossible for him to give as much attention to medical matters as would seem desirable.

The material conditions of the plant, as a whole, including almshouse, are such that it could be rendered available for the care of the insane at comparatively small expense, as most defects noted are removable ones.

Institution No. 22

Physical Conditions.—The insane are kept in the almshouse proper, separate corridors being reserved for them, although in practice they freely mingle with the paupers and with a considerable number of defectives; the only discernible difference in treatment is that they are allowed less freedom. Rooms for the insane have iron bars over windows, while the doors are heavy wood with iron braces; in the center of each door is an aperture covered by an iron grating, with a wooden slide for a peek hole, while lower down in the door is an open aperture through which food is introduced when an excited patient is secluded. Doors are fastened with heavy padlocks.

Although exercise yards are enclosed, they are unusually pleasant for such type of yards. A philanthropic neighbor has built an excellent small chapel divided for Protestant and Catholic services. There is an excellent farm with good farm buildings.

Fire risk appears especially great. The illumination is by open flame, gasoline gas-jets. Water pressure is sufficient only to carry water to the second floor. Buildings are old, and it appears doubtful whether inmates on the third and fourth floors could escape in case of fire, despite the fact that there are a few fire-escapes provided.

Administration.—Separation of sexes is poor; they occupy different floors, but the stairs are open during the day. But limited paid help is provided, and in practice the paupers do considerable of the work in caring for the insane.

A humane atmosphere exists in this institution, and restraint and seclusion are little used; however, both may be used at the discretion of the woman nurse or the almshouse steward, and shortly prior to visit a male patient was said to have been secluded for a week. There is, of course, no medical treatment for insanity as such, and even provision for the treatment of physical ills is limited, the visiting physician making regular visits once a week only.

The donor of the chapel above mentioned had engaged an in-

structor in raffia and reed basketry, who was found teaching such craft to a number of the pauper inmates and to one insane patient, but in general the insane are little occupied.

Institution No. 23

Physical Conditions.—The building provided is excellent; it is fire-proof and well arranged. There is also an excellent farm, but it is conducted by the steward of the neighboring almshouse. This almshouse building, while old, is remarkably well preserved. Institution has a good modern sewage disposal plant. Fire protection is fair, but hose is not tested, matters of this kind being in charge of the almshouse steward. The hospital superintendent is said to have repeatedly requested such tests.

Hospital lacks space for service departments, most of them being located in the basement. There is an excellent detached building provided as a home for women attendants. This institution is notable in that although it is a county institution it possesses no enclosed exercise yard.

Administration.—The hospital superintendent is a physician, and all business matters are under the direction of the almshouse steward, who has authority to revise superintendent's requests for supplies.

There is no laboratory, hydrotherapeutic equipment, nor medical treatment, except that directed to the alleviation of physical ills only.

Except in the severest winter weather heat is said to be shut off from 9.00 P. M. to 5.00 A. M.; it was admitted that patients often complain of the cold, when they are supplied with extra blankets. Patients are for the most part locked in their rooms at night. Several were also found locked in their rooms during the day. A tubercular girl was found locked in her room on the second floor with no attendant on the floor. Patient was weak, confined to bed, and there appeared no apparent justification for her seclusion, unless it was to prevent her from wandering about the ward, although in her weak condition she showed no such tendency; moreover, two ambulatory tubercular cases mingle with the other patients without restriction. An elderly woman, moaning and protesting loudly, was found secluded; when her room was entered and she was addressed, she became somewhat quieter and there appeared no doubt that could she

have received adequate personal attention her agitated depression would have been much lessened. Another secluded woman was said to have been homicidal; but when addressed, she explained, with a smile, that sometimes the voices called her such bad names she could not help but get angry, although she did not mean harm to anybody. Two women were found locked in a bathroom, but for what reason did not appear, as both were quiet. Both restraint and seclusion are ordered by the matron, who then reports to the superintendent.

Recreation is given some attention in this institution, and in many respects the custodial care provided is of a fair type.

Material conditions both at the insane hospital and the almshouse are such that the whole plant could be well devoted to the exclusive care of the insane. It would then be possible to provide some degree of classification, and the present lack of the hospital as to space for service departments would be supplied.

Institution No. 24

Physical Conditions.—Building for the insane is at the rear of the almshouse, with a shed containing an outdoor toilet in the foreground. It is in a poor state of repair, side walls being cracked, woodwork worn, and paint generally needed. While lighting is by electricity, wiring is attached to the surface of the walls and is easily accessible. Despite the fact that kerosene lamps are kept on the wards for emergency use, an attendant was found smoking in the ward. Room doors are locked with numerous different kinds of locks, although most are secured with a small padlock and a hasp and staple. There is little day space, except on dark halls. But few chairs are provided, benches without backs being substituted. Men's wards are particularly bare and desolate in appearance. On a single ward there is one stationary wash-basin, but elsewhere patients are obliged to use the single bathtub faucet found on each ward. As patients eat breakfast at 5.30 A. M., it appears questionable whether they all have a chance to wash before breakfast.

Ward dining-rooms are narrow, the two tables in each almost completely filling the space; only backless benches are here provided. There is a zinc sink in each dining-room for dish-washing, but water has to be carried in a pail the length of the ward, the bathtub being the only source of water supply. Food service is

haphazard, patients entering and leaving dining-room at will. In one instance the attendant had gone to the almshouse building for his own meal, although patients were found still eating, while thus left alone.

Ventilation is defective and deodorizing fixtures were seen not only in toilets but in wards. Sewage disposal is by cesspools, and one in use is but a few hundred feet from the almshouse building. It should be added, however, that plans have been made for more sanitary sewage disposal. There is a good exercise yard, except that it is enclosed by a high board fence, completely shutting off the patients' view, while it is undivided for the sexes. However, the matter of exercise fails to receive proper attention, many patients going outdoors but rarely.

Administration.—Sexes are poorly separated and the quiet patients of each sex are allowed to mingle in going in and out of the exercise yard, the doors of the two quiet wards leading to the yard being left open much of the time. Patients fail to receive proper personal attention. In the men's wards clothing was found generally disordered, unbuttoned, and in a few instances torn. When last-mentioned condition existed, there was no evidence of underwear. One male patient was seen in the morning with clothing unbuttoned and much disordered, and when again seen late in the afternoon he was in exactly the same condition, being a stupid, inactive patient. Several men were seen barefooted; some had shoes but no socks, while others had socks but no shoes. In general, the condition of women was better than that of the men.

Dietary appears too scanty, practically no food being left on the tables after the meal inspected. The same ménu is served the corresponding days each week, varying only as the seasons render different supplies available. Butter is served but once or twice a week. Molasses, bread and coffee are the staples for breakfast and supper, although occasionally a potato, some oatmeal, or crackers are added.

The punitive idea is here prominent; two women were found strapped to the chair with a leather strap, and a third was so strapped to a toilet chair. It was readily explained that in one case at least the patient was strapped "as a little punishment"; it was added, "You have to punish them a little sometimes, it does them good." Later, a male attendant remarked in reference

to restraint, "We use it simply to conquer them; it is to punish them a little when words are not enough." The institution has several cells in the cellar for violent cases, but none was occupied at time of visit, their last occupant having been transferred to a State hospital some weeks prior to visit. Such cells are provided with inside doors of iron grating, with heavy wooden doors outside. Side walls are finished in wood. Each possesses but a single high basement window, so both light and air are deficient; there is an open toilet hopper in one corner; they are heated only from cellar passageway.

A visiting physician attends to the physical ills of patients, but there are no medical facilities nor treatment for insanity as such. There is no recreation, and patients lead a confined and monotonous existence, a number being noted lying about on the floor asleep, there being no effort to keep any occupied except as they may work willingly.

A vicious practice exists whereby four pauper inmates of the almshouse live with the insane and one of the latter lives in the almshouse. It should be added, however, that two of such paupers present mental symptoms and are to be shortly committed, but in the other cases they live as they do simply because they assist with the work. There is also in the insane department the infant child of one of the women patients, no consideration having as yet been given to the matter of its ultimate disposition.

Particularly objectionable as the conditions are for the care of the insane, it would be likewise desirable to remove the insane from this institution for the reason that the almshouse is overcrowded and every winter it is necessary to house almshouse inmates in the attic, so good use could be made of the present building for the insane to relieve this condition.

The objectionable practice is here followed of deciding as to whether a patient shall be committed to a State hospital or to the county hospital by the degree of troublesomeness manifested by the patient, regardless of prognosis.

Institution No. 25

Physical Conditions.—A single story extension at each end of the almshouse provides accommodation for the insane of each sex; there being a single covered connecting corridor to each closed by doors of iron grating placed at the entrance. Outside

such doors hose and standpipes are found, but they constitute the only fire protection for the insane wards. There are no outside exits from the latter, the only approach being through the corridors mentioned. On the men's side is a small basement dormitory with two small high basement windows from which there is but a single exit by means of inside winding, wooden stairs to the ward above. The men's ward is bare and cheerless, but on the women's side ornamental wall-paper has been cut out and pasted in sections on the wall, so as to give the effect of pictures. Windows are guarded by inside iron bars, producing a prison-like effect. Chairs are permanently fastened to the floor, and as a result patients were found lying prone on the floor not only in the ward, but in the toilet sections; while patients have access to hot water, there are no hot water safety devices.

Sewage flows untreated into a swamp about a mile distant. Water supply is limited. Service departments were found in excellent condition and housekeeping generally is above the usual almshouse standard. A particularly good feature, showing initiative on the part of local authorities, is a home-made refrigerator, which is divided into compartments, and which is most satisfactory.

There are no porches on the wings for the insane, although the almshouse proper is so equipped. Women's exercise yard is unused for the purpose, but men's yard is covered with paths worn in the earth by the pacing back and forth of patients. It is enclosed on three sides by buildings and on the fourth side by a heavy masonry wall of distinctively prison-like appearance.

Administration.—One of the most serious faults is the substitution of close confinement for personal attention. There is but a single male attendant and no women attendants. Women patients are "looked after" by the woman cook, when she can spare time from her other duties; but she was not in evidence during visit. As she sleeps near the women patients and the man attendant sleeps in the male ward, there is thought to exist no necessity for night attendants. Patients are admittedly left alone much of the time. One result is that patients' clothing was found disordered, in some instances torn, and in a few cases much soiled; such condition being more marked on the men's than on the women's side. In the almshouse proper the inmates of both sexes presented a much better appearance.

Women patients never exercise out-of-doors, it being said "we can't get them out" and their exercise yard is therefore utilized for clothes-lines. Although the weather was favorable, men were not out for exercise on day of visit. Only willing workers are employed, the majority of the patients sitting or lying about in a dull, listless fashion. There are neither recreations nor religious services.

Patients eat in the same dining-room with the paupers, although at separate tables. In accordance with the general excellence of the service departments, the garbage is well handled.

Medical treatment even for physical ills is limited. Visiting physician visits regularly but once or twice a month. He is said to give no attention to the insane, except as indicated by the lay superintendent. As it was expressed in referring to the matter, "He doesn't even know how many we have got in the Insane Department." The lay superintendent and his son dispense medicines, and during visit the latter filled a bottle with eye-wash and one with a cough mixture at the request of two pauper inmates. He expressed the opinion that he could give out most of the medicines needed as well as the doctor. A trusty patient who has a room to himself is charged with the duty of keeping the ward disinfectants.

Institution is provided with handcuffs, which, however, are said to be but rarely used except in transporting patients to and from the institution. Two patients were found in seclusion on occasion of visit. The opinion was expressed that seclusion was a good practice in certain cases, for if patients got troublesome it was only necessary to shut them up and allow them to go without a meal or two, at the same time giving them plenty of water to drink, when, "They will follow the point of your finger around like a dog." Despite the above statement, there is evidence that the local administration is kindly disposed toward the patients, and the attitude indicated appears the result of ignorance rather than intent.

The County Commissioners determine whether in a given case an insane patient is to be committed to the State Hospital or the County Hospital. They usually consult with the visiting physician and the superintendent of the almshouse. In practice it appears that it is the latter's opinion which usually prevails, but it should be added that he is said always to recommend commit-

ment to a State hospital if in his judgment a patient can be improved by treatment. While some alleged cases of insanity are placed in jail pending commitment, others are brought to this institution and confined in the insane ward with the committed patients, it having happened that patients have been so confined for three to four weeks without commitment.

It has been proposed to enlarge the capacity of the insane ward, the County supporting a considerable number of patients in the State hospitals, whom it is thought can be supported more cheaply here, the question of expense evidently being the only factor considered.

A deplorable feature of this institution is the presence of nine children in the almshouse, it being remembered that paupers and insane eat in the same dining-room. The almshouse is overcrowded, especially in winter, and it was recently necessary to convert part of the chapel into bed space, so good use could be made of the insane wards if the insane were removed, as would seem most desirable.

Institution No. 26

Physical Conditions.—Insane women occupy the second floor of a wing of the almshouse, entrance to which is had only through the almshouse wards. Men insane live in a detached building at the rear, which has been properly condemned by the State Committee on Lunacy. This building has a central narrow dark hallway, with such small bed-rooms on either side that beds occupy most of the space. There is no day space at all; because of these and other conditions, male patients are no longer admitted. Women's ward also lacks day space, owing to the necessity of using part of ward for a dining-room. Both wards have inside vertical iron bars at the windows, while most of doors to rooms have similar bars in the upper half. Wards are bare and unattractive. One room on women's ward is lined with tin on side walls for disturbed patients. With but a single ward for each sex, no classification is possible. Ventilation is defective, especially in toilet sections, where deodorizing fixtures were noted.

Service departments are in good condition, save in meat-cutting room, where several beef hearts were seen covered with mold, and where the meat cutting block was in an uncleanly condition. Fire protection is inadequate. Water pressure is

insufficient to throw water over the building, as it is obtained from water tanks in the attic. Sewage disposal is unsatisfactory; sewage flows from a cesspool into trenches, the earth from which is used as a fertilizer.

An unpleasant spectacle was afforded by a number of coffins piled one on top of the other in a small storeroom just outside the entrance to one of the almshouse wards, the door of which was left open throughout day of visit.

Administration.—Male patients are all parole patients, and hence no attendant is provided. There is but one woman attendant, who also works in the almshouse department, so patients are left alone much of the time. Owing to the lack of day space, most of the patients were found in their rooms, where they were idly sitting, only willing workers being occupied. Dietary here is better than is usual in almshouses. Male insane eat with the male paupers at the same table. There is no enclosed exercise yard and such of the patients as exercise do so with the paupers, but a large proportion of the women never go out-of-doors, being decrepit and unable to go up and down stairs from the second floor.

Few patients now in institution ever require restraint or seclusion, but either may be used at the discretion of the attendant or lay superintendent, the physician not being consulted. The use of morphine to quiet excited cases is regulated in the same way, a "practical" nurse from the almshouse department administering it if thought necessary. Institution is equipped with leather belt, strait-jacket and leather handcuffs, should restraint ever be deemed necessary.

It was formerly the practice to commit acute cases of insanity to this institution, but the present practice is to commit such cases to a State hospital, the change in practice resulting from the death of a patient, while at home on parole, from starvation. It was said the patient refused to eat because of delusions, and the relatives not knowing how to deal with the situation allowed the patient to starve to death. Alleged cases pending commitment are placed either in jail or with the committed insane here.

Institution No. 27

Physical Conditions.—There are but two wards, in the form of narrow halls, the men living one floor above the women, so no

classification is possible. Light and air are both deficient. Windows are but the width of two small old-fashioned window-panes. As halls furnish most of the day space, the patients remain in their rooms most of the time, and the practice of keeping the doors closed renders the halls darker than would otherwise be the case even with the small windows. Both wards open into the almshouse proper.

A dark storage basement under the building is in part used for a tramp room; being dark and unsanitary, it has been properly condemned by the Committee on Lunacy. General service departments are poor. Kitchen in basement of almshouse has a broken concrete floor, is dark and poorly ventilated, and was found in an uncleanly condition, only pauper help being here employed. A barrel sunk in a spring is the only cold storage provision. The laundry, situated in part of the slaughter house, is equipped with wooden tubs only and hand wringers. The clothes are dried on out-of-door lines or in the attic, and are ironed in the almshouse basement. The boiler room for heating is situated below the surface of the ground, so that the ashes have to be carried by hand up a flight of steps.

Sewage disposal is unsanitary. There are two cesspools, each about 200 feet from the building. At times these overflow and formerly would then flow into a neighboring creek, but owing to objection on the part of the State Board of Health, when overflow occurs it is now carried by ditches to waste land about one quarter of a mile distant.

Fire protection is extremely poor. The only water pressure is obtained from a small attic reservoir, with a capacity of 150 barrels; there is a second such reservoir which has never been used owing to the expense of making connections. A single screw nozle faucet for garden hose is placed outside, some distance from the building, and this furnishes the only means of fighting fire, there being no inside provisions whatever. There are two unenclosed outside iron fire-escapes. There is a single inside wooden stairway at the junction of the building for insane with the almshouse proper, there being no outside exits at other end of building, except through windows, to the fire-escape. A recent addition supplied by the steward's initiative is an outside wooden stairway to the second floor at almshouse end. That the fire risk from lack of water has been appreciated is evinced

by the statement that plans have been considered for connection with the water mains of the neighboring city, which pass directly in front of the property. As yet, however, no action has been taken owing to the expense involved.

The wards are provided with outside iron-barred window guards, and in so-called "strong rooms" such guards are also placed inside the windows. There is a short hall on each ward, at one end of which is the dining-room and at the other end the toilet section. The toilet facilities are all in one open room. There are no hot water safety devices, although patients have free access to faucets. The hot water supply is limited, however, being obtained only from a heater on the kitchen stove. It was admitted that the supply frequently becomes exhausted before bathing is completed. Plumbing is old, worn, and much of it is concealed in the walls. It was said that on one occasion it was necessary to tear up an entire floor in order to make necessary plumbing repairs. Each so-called "strong room," aside from extra window guards, is provided with an extra door of open iron grating inside the wooden door. One such room has side walls lined with tin, a disturbed patient having destroyed the plaster. Benches and chairs are both provided, the quiet stupid patients being kept on the former, ranged along the side walls. As it was expressed in pointing out one such patient, "She usually stays right there where she is put all day long."

Exercise yards are enclosed by a high, whitewashed board fence, in part surmounted by barbed wire.

Administration.—Food service is very poor, it being necessary to carry all food by hand from the almshouse through the length of the wards to the dining-rooms. The food served is the same as for paupers, and it lacks variety. The same meals are served on corresponding days each week, except only as the seasons change. Bread, butter, molasses, and coffee are served for practically every breakfast and supper. For the latter meal, however, an onion, tomato, or apple is occasionally added. Each patient receives a glassful of butter weekly, the whole amount being left in charge of the individual patient. It is said that some consume their allotment within a day or so, while others, more economically inclined, keep the butter in their rooms and make it last the entire week. Patients are also allowed to take meat from the table to their rooms after the noonday meal, so that

they can save it for supper. A woman patient was pointed out as being able to go for long periods without food, it being said that she had gone as long as sixteen days without apparent injury. It was added, with a smile, "She soon makes up for lost time when she again starts to eat."

Patients can necessarily receive but little personal attention, the only attendants being one married couple. In lieu of a night attendant, a colored pauper is used as an outside night watchman. He is not allowed to enter the buildings. The male attendant was formerly a farmer, and neither he nor his wife ever had previous experience with insane. It should be added that they both appear to be doing their duty as well as possible under defective conditions, and according to their lights, this being evinced by the good housekeeping and the unusually good condition of patients' clothing.

The practice exists of keeping untidy patients in the toilet sections, and on day of visit four male patients were found there seated on a bench and restrained, it being necessary to leave them alone most of the time, as the single attendant performed his duties elsewhere. One such patient was said to be constantly restrained; two of them were fastened to the bench by leather straps about the waist, and one had his hands secured by a leather muff. The latter also had a wire screen cage over his head resting on his shoulders, it being explained that even when restrained he tore his clothing with his teeth. These patients, together with an unrestrained stupid patient sitting with them, were barefooted, their feet resting on the concrete floor. While it was said they were not used in the institution, steel handcuffs are used in transporting patients either to or from it. A disturbed patient who died during the past year was, in the opinion of the local authorities, "worried to death." This patient was so violently disturbed that even when handcuffed with his hands behind his back, or beneath his knees, and being meanwhile strapped to the bed, he could free himself. On one occasion after being locked in his room when restrained in the manner described, he not only freed himself but tore the screen from the radiator and sustained severe burns, which appear to have been at least a complicating factor in causing death. It was stated that even when this patient was in one of his wildest moods, he could be quieted when the steward talked to him, as it was expressed, "in a sensible

manner." At such times the patient declared he was not insane but simply was unable to control himself. The facts as given would indicate that had patient received proper personal attention, and had proper medical treatment been instituted for the relief of his mental condition, the case would have had a very different termination, as the symptoms described indicate that he was suffering from a recoverable form of insanity.

The visiting physician regularly calls but three times a week, and although it was admitted that the State Committee on Lunacy had spoken about the matter, no clinical records are kept. There are, of course, no medical facilities or treatment for mental disease.

The separation of the sexes is poor, on which account the presence of several erotic girl imbeciles constitutes a menace.

Owing to the fact that the almshouse only is provided with dormitories, and the building for the insane only with single rooms, the custom prevails of caring for certain of the insane in the almshouse proper, and for certain of the pauper inmates of the almshouse with the insane.

Alleged cases of insanity if quiet are cared for in the almshouse, but if disturbed are placed in the "strong rooms" of the insane department. Commitment is by the Commission process, the Commission recommending whether commitment shall be to a State hospital or the county institution. It was freely admitted that the issue was determined by the degree of troublesomeness manifested by the patient, or should the patient belong to one of the "better families," the recommendation is always for commitment to a State hospital.

The almshouse is utilized to capacity, is overcrowded every winter, and it could well use the building now occupied by the insane, especially as they would supplement one another as regards single rooms and dormitories. There thus appears an added reason, apart from the deplorable conditions, why the insane should be removed from this institution at the earliest possible moment.

Institution No. 28

Physical Conditions.—An extension from either end of the almshouse provides a single story ward for the insane of each sex, each ward being connected with the almshouse proper by a covered corridor, at the entrance to which are doors of heavy iron

grating. A similar iron door shuts off a short hall on which single rooms open, such door being regarded as necessary when patients are secluded in their rooms, although the latter are locked. There is a single day room on each side where all types of cases mingle. Wards are bare and in some places plaster has fallen, although on day of visit repairs were in progress where such damage was most extensive. Toilet facilities are fairly satisfactory, except that the single bathtub for each sex is placed in a small room, which, with but a single small window, is dark and poorly ventilated, while no hot water safety devices are provided.

Single rooms have no lights and are locked at night. Several such rooms, used for seclusion, have adjoining toilets which have no opening aside from the door.

There is an exercise yard for each sex, enclosed by a high iron picket fence; neither has any shelter. Although the almshouse has porches, there are none for the insane.

Only fire protection is provided by a hose and standpipe outside the iron doors at the entrance to the corridors connecting the almshouse with the insane wards. The only outside exits from the latter are into the exercise yards, and there is no gate in the surrounding iron fence. But part of the steam radiators are protected. Sewage disposal is most unsanitary; sewage flows untreated into a small creek about 200 yards from the front of the building; when seen, the creek had little water, sewage was stagnant, and there was considerable odor.

Administration.—Patients receive little personal attention, as would be expected under the conditions, there being but a single male and a single female attendant. The former is termed assistant superintendent, works on the farm, and admittedly spends little time in the wards, which are left in charge of a trusty patient in his absence. The woman attendant spends the greater portion of her time in the sick ward of the almshouse, being the only woman employee aside from the matron and cook. The insane patients are, therefore, left to their own devices much of the time. There is no night employee—not even a watchman.

The housekeeping is generally poor—dust and cobwebs being much in evidence. Toilet sections were in particular disorder. A number of beds were seen in the afternoon just as they had been left by patients on arising in the morning. Patients are allowed to collect worthless trinkets and rubbish in their rooms, and in

one room a large piece of broken glass was noted. A patient was found smoking in the ward without exciting comment.

Although clothing is of fair quality, it is poorly cared for—in the majority of cases buttons were found off and clothing open; much of clothing was soiled and some torn. One young girl's dress was so torn as to expose her person. Many patients were seen without shoestrings, and a number of both sexes seen barefooted; in the latter instances, from the appearance of the feet, patients had not worn shoes and stockings for a long time; it would have been impossible for one man to have done so, because of the extreme length of his toe-nails.

Sufficient food is apparently supplied, but there is little variety. Meat is served but three or four times a week.

Only willing workers are occupied, and they constitute a comparatively small percentage of the total number. Idle patients have no regular exercise, and on day of visit, although weather was favorable, no men were out. On the women's side, however, the door from the ward to the exercise yard stood open, and some of the women were found in the yard, one lying prone on her back with the sun shining full in her face, without anyone giving heed. Several of the women in the yard were talking loudly, while on the other side of the open iron picket fence children from the almshouse were playing.

There are no recreations. Only occasionally do a few of the insane attend religious services in the almshouse, and for the most part patients lead a mechanical and monotonous existence.

With such a limited amount of personal attention, restraint and seclusion are both necessarily used; the forms of restraint used include leather wrist cuffs and muffs and the strait-jacket. One woman patient is constantly restrained with leather muffs, so she has to be fed and undressed by others. It was explained that "She tears her clothing and is very bad." When patient was questioned, she said, "I would be good if they would take this off," indicating the muffs. As to seclusion, the attendant remarked that it was rarely necessary to keep them locked up more than half a day, as "That is usually enough to tone them down." A paralyzed man was found locked in his room with both the bed and floor in a foul condition, but the door was again locked, the condition found causing no comment.

There are no special medical facilities except that a seriously

sick patient is removed to the sick ward in the almshouse, which is an ordinary dormitory set apart for the purpose. The visiting physician calls regularly but once a week, and that patients do not receive sufficient medical attention is evinced by the condition in which a stupid male patient was found. He had a large abscess on the side of his neck, evidently of some duration, as the pus had burrowed a considerable distance through the tissues. Although the superintendent inquired of other patients how long the condition had existed, nobody was found who knew anything about it.

An unfortunate feature of the situation is that the visiting physician believes that acute cases of insanity can be cared for here without difficulty, his idea of the treatment of mental disease being summed up in the phrase, "Build them up."

Alleged cases of insanity are sent here pending commitment, and they often remain several weeks, no distinction being made between them and the committed cases. One male case at present in the institution has been here for several months, the examining physicians having refused to commit him, and his relatives having refused to allow him to return home.

An unfortunate tendency was observed here as in several other county institutions in reference to general visitors. On day of visit, there were three parties of general visitors, whose interest in seeing the insane was quite evidently one of morbid curiosity, as they did not fail to make audible comments about the women patients as they stared at the latter through the iron fence surrounding the exercise yard.

All positions in both insane department and almshouse are regarded as political assets, even the male attendant receiving his appointment as a reward for political service. The superintendent is a former farmer, who frankly admits he knows nothing about the insane.

Were the insane removed from this institution, as existing conditions render most advisable, the two wards could be used to advantage by the almshouse, where every winter there exists much overcrowding.

Institution No. 29

Physical Conditions.—The institution is inaccessible, except by private conveyance; it is located six miles from the nearest railroad, over poor highways. The almshouse adjoins a recently erected, substantial, fireproof building for the insane which has

but a single ward for each sex, men occupying the first floor and women the second. A prison effect is produced by heavy iron bars at the windows and iron grating doors outside wooden ones at the outside entrance. Toilet facilities are modern, but there is an insufficient number of wash-basins. Dormitories are excellent, but there is only one, single room for each sex. There is a lack of day room space, considering the number of patients cared for. As a result of the impossibility of classification and the close physical contact, two discolored eyes were noted among the women patients. Some overcrowding was evident, and a few mattresses on the floor indicated lack of sufficient bed space.

Service departments are in basement, where the dining-room also is located. Decrepit patients eat in the ward, and two cases were noted of patients eating from the top of a screened radiator. Food is apparently satisfactory.

Service departments are generally well conducted, particularly the outside departments, under the direction of the almshouse steward. Farm work especially appears to be done in an efficient manner.

There is no provision for fire fighting, except water lines, the pressure in which is obtained only from tanks in the neighboring almshouse attic, and which are therefore unreliable and insufficient. Dependence is admittedly placed on fireproof construction of building, although it has the usual interior wooden trim. Kerosene is kept in the basement.

Raw sewage flows into a neighboring creek, but plans have been formulated for two settling tanks.

Exercise yard is enclosed with wire netting, but exercise is irregular, and is only possible when resident physician is present to act as an attendant, owing to the limited number of attendants employed. In his absence on day of visit patients were not out for exercise.

A so-called "cell" in the basement is used for seclusion. It is an unfurnished room with a single high basement window, so light and air are deficient; it has a concrete floor with a drain in the center, in lieu of toilet facilities, and is provided with a heavy wooden door of double timbers. While patients in seclusion are taken to the toilet during the day, they are not at night, the room being flushed with a hose in the morning. It had been vacated day prior to visit and an odor was still perceptible.

While the main almshouse building was fairly acceptable, two detached buildings for male paupers were in a dilapidated condition; one has been condemned by State authorities, and it would appear that both should be. Plans have been formulated for a building to replace the condemned almshouse building, but such necessity would not exist could the insane be removed from this institution, as the lack of facilities, especially regrettable in a new building, renders desirable.

Administration.—Existing conditions are held responsible for the free use of restraint, although they do not seem to offer an excuse for the forms employed. On day of visit a man was restrained with steel handcuffs, fastened tightly about his wrists, because, as it was explained, "If they were loose, he would free himself." Both wrists were abraded, evidently as a result of his struggles. He repeatedly asked to be freed, and when he was asked why he did not conduct himself properly, he inquired in turn how could he with the handcuffs on. When seen, he was sitting on a chair talking in a moderate tone, and showing no great unrest. Comment being made on the form of the restraint when the ward was first visited, it was noted when passing through the ward later that the handcuffs had been removed. The patient was moving rather restlessly about, but was smiling and less talkative than when first seen, making no trouble whatever. He was said to be a recurrent maniacal case and able to tell the day before when an attack is impending. He will then spend considerable time dashing cold water over his head, but such efforts on the part of the patient do not appear to have ever caused his caretakers to think of using showers, wet packs, or such forms of hydrotherapy as are possible without special apparatus. The forms of restraint, aside from steel handcuffs, include the strait-jacket, leather cuffs and anklets, the latter being exhibited in a broken condition, a male patient having succeeded in freeing himself from them.

A fair proportion of the patients are occupied, but occupation is unregulated except in accord with the demands of the Board of Directors, who are said to be constantly complaining that an insufficient amount of work is obtained from the patients.

Medical facilities are limited, even for the treatment of physical disease, which is admittedly the only medical treatment. The resident physician was recently appointed, after answering an

advertisement, and so far as known has never had any experience with the insane. He is allowed to engage in general practice. Nobody knew the cause of his absence on day of visit, or when he was apt to return. A single tubercular patient mingles with the others without restriction.

There is a general atmosphere of depression pervading the institution, and the punitive idea prevails. Attendants were heard ordering patients in a most peremptory manner to perform various tasks.

Business affairs and the matter of supplies are in charge of the almshouse superintendent. The latter is of progressive tendencies, and has made numerous changes during his tenure of office tending to a more business-like administration.

Institution No. 30

Physical Conditions.—Main building for insane is of an old type, but fairly satisfactory. A detached building, however, used by untidy patients, is dilapidated and unfit for occupancy. The neighboring almshouse building is of recent construction, and is much superior to any other building of the entire plant. Aside from wards in detached building, insane wards are well furnished and comfortable. Toilet facilities, however, are insufficient in number and in part of an old, antiquated type. Steam radiators are but partly protected, although work is in progress to screen them all, following recommendation of State Committee on Lunacy made nearly two years ago.

Kitchen is too small, but is well equipped. A new building is in process of erection to replace present unsatisfactory laundry; it will likewise provide an amusement hall, the present one on the fourth floor furnishing an undue fire risk. Cold storage facilities are inadequate, but otherwise, except as noted, service departments are satisfactory.

Fire protection is fair, but no fire drills are held, being regarded as undesirable.

Exercise yard is enclosed by a high iron picket fence, and divided by a brick wall for the sexes. However, the practice of allowing patients to exercise on the open lawn is increasing.

There is a modern hydrotherapeutic plant, including continuous baths, but it is poorly located. Disturbed patients, for whom such treatment is mostly indicated, are kept on the floor above

and it is necessary not only to bring them downstairs but through a hallway and the main dining-room to receive hydrotherapeutic treatment, so its use must necessarily be restricted.

While two wards are set apart for the reception of new cases, neither have any special facilities. There is no provision for the isolation of tubercular cases, except that advanced cases are kept in single rooms.

Administration.—Formerly the superintendent of the almshouse was the executive head of the whole plant, but in recent months a change was made whereby the resident physician became chief executive of the insane hospital; he has no voice as to supplies, however, other than strictly medical ones, and clothing, food, etc., are not regarded in the latter category. An even more serious administrative defect is that while the physician may indicate which patients may go outdoors for work, they are under the direction of the almshouse superintendent as soon as they leave the ward, so the physician has no voice as to the tasks assigned individual patients, and there is considerable evidence that the needs of the work are considered before the needs of the patients. There are no occupational classes.

A good result following the administrative change is the reduction of restraint and seclusion. On day of visit but a single patient was restrained, being a homicidal woman who had one hand only, secured by a leather cuff and fastened to a leather belt about her waist.

There is an insufficient number of attendants and but a single graduate nurse to care for the sick, not only in the insane hospital but in the almshouse. It is said, however, that a training school for nurses is planned. There are but two physicians to care for over 500 insane patients and the sick in the almshouse, but it is said another physician is to be added to the staff. There is no provision for dental work.

There is no reason to doubt but that patients' material comfort receives proper attention, although the care given is but custodial. There is a lack of facilities, not only for the treatment of acute insanity, but for the treatment of physical ills. There is no pathologic work and but a meager amount of clinical laboratory work, the facilities for which are limited and crude. Medical records are poor, but improvements in this respect are planned.

Defective discipline prevails; an attendant was found smoking in the ward without exciting comment.

Business methods are defective and do not provide for the rejection of unsatisfactory deliveries of supplies. There is insufficient checking of the latter, so that the interests of the institution are not sufficiently safeguarded.

There is evidence that political influences have frequently asserted themselves in regard to hospital matters, especially concerning appointments to the higher positions.

In view of the fact that the excellent almshouse building has never yet been occupied to capacity, while part of the insane are occupying a building unfit for habitation, it would seem desirable that the whole plant be converted to the use of the insane alone. Could such a plan be adopted, this institution would form the nucleus of a good State hospital, material facilities being in the main satisfactory. The comparatively large acreage here available would permit of future development.

Institution No. 31

Physical Conditions.—The insane occupy two buildings, situated between the main almshouse building on one side and the almshouse hospital building on the other, all being connected by covered passageways. One building for the insane is of comparatively recent construction and fairly satisfactory; it lacks sufficient toilet and bath facilities, however, and some of the plumbing is placed so low as to afford opportunity for suicidal attempts. Heating facilities are insufficient. In the old building the floors are badly worn, walls are smoked, cracked and broken, woodwork is worn, and paint is generally needed. The ceilings are low, there are numerous dark, narrow passageways, and its dilapidated condition renders it unfit for human occupancy. Some of the patients' rooms in this building have iron grating doors inside of solid wooden ones, and have, in addition to the usual outside iron-barred window guards, heavy wire screens placed inside the windows. On one of the women's wards a heavy iron-barred partition extends from the floor to the ceiling, shutting off one end of the hall, so that patients cannot reach the windows. Part of toilet sections have wooden floors, and toilet accommodations are not only insufficient but antiquated, worn, and unsanitary. Numerous small, dark closets are found and, in general, light and ventilation are extremely poor. Benches provide the only seating facilities, and being

devoid of any decorative features, the interior of the old building presents a most dismal and desolate appearance.

The dining-rooms in the old building are particularly objectionable, there being no service facilities. Food appears satisfactory, although a stereotyped ménu is repeated weekly.

Lighting is by electricity, but in the old building wiring is attached to the surface of walls and ceilings, and is easily accessible to patients. Although steam radiators are unprotected, it was said a contract has been let to install protecting screens.

Sewage flows untreated into a creek about 500 feet from the rear of the buildings. Fire protection is defective, especially in the old building. Water pressure is variable and is not always sufficient to reach the upper floors.

Exercise yard is below the ground level on one side, being dug out of a hillside, so that it is at the ground-floor level of the adjoining building, which stands on the slope. The yard is surrounded by whitewashed stone walls and is divided in the middle for the sexes. Patients exercising here can be heard easily on the street in front, the institution being located in a residential suburb, and it is admitted that neighbors occasionally complain.

The outside departments belong to the almshouse and patients working in them are under the direction of the almshouse superintendent. The rear yards and those about the farm buildings were found littered with considerable rubbish and flies were numerous. But a short distance from the springhouse, where milk is handled, at a point about 500 yards from the patients' buildings, is a frame piggery found in a most unsanitary state, rubbish and garbage being scattered over the ground about it. It was remarked: "This condition probably accounts for the many flies throughout the institution."

The new building contains practically all dormitories and the old one practically all single rooms, hence classification is difficult. The official capacity has been increased as patients have increased, although without additional accommodations, and a serious degree of overcrowding exists, as is shown by local calculations, which, including both bedroom space and dayroom space, give but 350 cubic feet of air space per patient.

There is no hydrotherapeutic apparatus and no special medical facilities, aside from a small, but well-equipped clinical laboratory, established by a former physician, but the present resident

physician has no opportunity to use it, having no assistant, and being charged with the care of over 300 insane patients, besides the physically sick in the almshouse.

There is a detached building for contagious diseases which stands idle most of the time. In view of the fact that tubercular cases have to be kept with other patients, it would seem that such a building should be utilized for their care. New tubercular cases not infrequently develop in the wards, in the majority of instances the disease resulting fatally, and of the total number of deaths occurring the last hospital year, 27 per cent. were from tuberculosis. It was said that the State Committee on Lunacy directed that the insane hospital should use the above-mentioned building, but the Board of Directors adopted a resolution opposing such suggestion and no further action has been taken. It was said that such building when erected was approved by the State Board of Charities with the understanding that it should be used only for cases of contagious diseases occurring in the institution, but the Board of Poor Directors have used it only for cases of contagious disease occurring outside the institution.

The almshouse hospital building is much less objectionable than the old building for the insane, and hence the practice of caring for occasional sick insane patients in it is less inhumane than might appear at first sight.

Administration.—There is reason to believe that the custodial care given is as good as could be expected under the conditions, but it is, of course, custodial care only. Patients' clothing is above the average and they apparently receive as much personal attention as is possible with a meager number of attendants. Strict rules are enforced as to ill-treatment of patients, and during the past year two attendants were placed under arrest on evidence that they had ill-treated a patient.

Restraint and seclusion have been reduced to a minimum, although it is unfortunate that some of the attendants regard the latter as "just for punishment." The more objectionable forms of restraint have been abolished, including leather muffs, wristlets, and straps.

A fair percentage of the patients are occupied, but there are no occupational classes and work is unsystematized. There are but limited facilities for recreation.

Both sexes occupy both buildings, and separation of sexes is

poor. While communicating doors between their respective wards are supposed to be kept locked, it was admitted that such a condition is only obtained with difficulty. This is the more serious by reason of the large number of defectives cared for, who present no evidence of insanity. No effort is at present made to discharge them, as in the past, when discharged, they have either been recommitted as insane or been returned to the almshouse, in which circumstance it is the policy of the Directors to have them committed as insane, although admittedly without mental symptoms, apart from defectiveness.

As one of the insane buildings should be at once abandoned and as the almshouse is overcrowded every winter, it would appear desirable that the insane be removed from this institution and the almshouse given the use of the more recently constructed building for the insane.

Institution No. 32

Physical Conditions.—The insane hospital with the adjoining almshouse is maintained by a specially created Poor District, but the two institutions are independently administered, except as supplies for both are purchased together. The building for the insane is not unsatisfactory, except for such defects as poor natural lighting in places, defective ventilation, and certain other less important defects, all of which could be improved by alterations. The main almshouse building is the superior structure, and so far as structural conditions are concerned is better adapted for the insane than is the building now used for them.

There are two separate laundries, two storerooms, two kitchens, etc., but space is lacking for adequate service facilities for the hospital, several such departments being in the basement with especially poor light and ventilation.

The upper sashes in the hospital are permanently fastened, the lower ones being guarded by outside straight iron bars. Varying sized dormitories provide fair classification at night, but day classification is unsatisfactory. Excellent porches for decrepit patients constitute a good feature. On all wards there is a lack of chairs and benches, patients lying on the floor, even in the passages to the water sections.

Ventilation is generally defective, a distinct odor being observed throughout the institution, but it is especially marked in

the infirmary. There is a system of ventilating flues, but the fact that the openings to them were in several instances stuffed with socks and old rags may have had some relation to the condition found.

There are no special reception wards, while the infirmaries for the sick lack special facilities. There is no provision for isolation of tubercular or contagious cases. There are no hydrotherapeutic apparati, no facilities for pathological work, and but crude facilities for the meager amount of clinical laboratory work done.

The toilet facilities are insufficient, despite which two toilet sections were found unused, it being explained, "It's hard to watch them in here and they're apt to hurt themselves." Some toilets were out of order and emitting an odor. The plumbing is old and some leaks were observed. Hot water safety devices were lacking and it was admitted that at least one patient has been seriously scalded by hot water.

Two basement dining-rooms are particularly objectionable, being dark and ill-ventilated as well as devoid of furniture except bare tables and chairs. Old dented tinware is used. The two main dining-rooms have windows on but one side, so light and air are also deficient in them. The food elevators are lined with wood, and although the local authorities recommended that they be replaced over two years ago, no action was ever taken. The basement kitchen is also poorly lighted and ventilated. While there is a direct refrigerating plant, it is badly located at the rear of the dynamo room, which in turn is at the rear of the kitchen and laundry. The entrance to the plant is at the side farthest from the kitchen, and here considerable refuse was noted.

The water supply is limited, but could be improved by additional wells, the single well now used in conjunction with other supply having a good flow. The sewage flows untreated into a neighboring river. Fire protection is fair, but could be improved. A considerable quantity of rags and some refuse, including a pile of mouldy shoes, were found in the basement, although a trusty patient was seen here smoking a pipe.

Administration.—The housekeeping is generally poor; in the male infirmary sputum was seen on the floor with flies clustering about. Here also soiled linen was found stored in a bathtub.

All the toilet sections were in disorder; water was splashed about and in one bathroom the central floor drain was obstructed by the contents of a cuspidor emptied over it.

The food service was unusually poor; patients straggle in a few at a time and immediately proceed to seize the food placed on the tables before their entrance. The food, however, is satisfactory, but a bad feature is the practice of allowing some patients extra food supplies at the discretion of attendants. There appears to be an unnecessary amount of food waste, but it is not locally regarded as waste, as the hospital sells garbage to the almshouse for the privilege of buying pork under the market price.

Occupation receives some attention, but there are no special occupational classes or re-educational work, as such. Patients working on the farm are under the direction of the almshouse superintendent after leaving the ward. The matter of exercise receives attention, and a good feature is the absence of an enclosed exercise yard. There are some recreations, but their employment is unsystematized. There is an assembly hall on the fourth floor, and while there are outside fire-escapes, these do not obviate the danger of panic in case of fire.

The patients' clothing is of fair quality, but receives little attention, being disordered in the majority of cases and not infrequently torn. Even with the women, when clothing was so torn as to expose patients' limbs and bodies, the matter apparently was regarded with indifference. Although there is an insufficient force of attendants, discipline appears poor and personal attention seems even less than would be possible with the number of attendants provided. For instance, a male patient was found locked in his room, both bed and floor being in a foul condition, as well as the patient's person, but the door to the room was again locked without comment being made. Another man locked in his room was found nude on a mattress, the only article in the room; he was said to be dangerous and the door was opened with caution, but he responded to greeting with a smile and made no hostile move. Another secluded man was noisy and pounding on the window-sill with a tin cup, no effort being made to take it from him. A secluded woman had bits of food on the bed and smeared on her person, and every patient found secluded was either nude or partially so, while such cloth-

ing as they possessed was in most cases soiled. On all wards patients were allowed to roam about in a disorderly manner, attendants giving no heed, unless an altercation between them occurred. Many patients were barefooted, especially in the infirmaries, where bed patients wandered about in their night clothes, which in some instances were soiled. In the women's infirmary, with thirty beds, no attendant was seen for five minutes after entering the ward.

The boast is made that abuse of patients has been abolished here and it is true there appears no evidence of physical abuse, but the above clearly indicates neglect. It was said that restraint was rarely used and that half a dozen cases were a fair daily average for the number in seclusion. However, twenty-one patients were counted who were locked in their rooms, and when this fact was mentioned it was explained that to merely lock a patient in his room was not seclusion unless it was against the patient's will.

The clinical records are worthless from a psychiatrical standpoint. Emphasis is laid on the physical findings, which, excellent though they be, do not render any the less regrettable the fact that in many instances no mental notes at all are deemed necessary. The modern classification of insanity is deemed undesirable. It is explained that the practicing physicians in the neighborhood are unfamiliar with it, and there is evidently no conception of the institution as a disseminator of psychiatrical knowledge.

As contrasted with the conditions in the hospital, the almshouse is administered on a much higher plane. There is evidence that the inmates receive good personal attention, the general housekeeping is excellent, and the service departments are not only better arranged but better conducted. As the almshouse has never yet been filled to capacity, and in view of the excellent material conditions there obtaining, it would appear entirely feasible to provide accommodations elsewhere for the almshouse inmates, taking over this whole plant for the care of the insane. The defects of the institution as a whole are administrative rather than material. The more serious of the material defects, moreover, are remediable without undue expenditure.

Physical Conditions.—The insane live in the main almshouse building. The women occupy the second floor of one wing, with a few beds on the third floor, where some patients live with the pauper women. The men occupy the second and third floors of the opposite wing and have wards to themselves. The women's wards are provided with plants. The women are allowed to decorate their rooms with their personal possessions and they are not unattractive in appearance. The men's wards, however, are bare and bleak, possessing no decorative features whatsoever. Chairs and benches are both provided, but the latter predominate on the men's side. Throughout the building, interior repairs are needed, side walls and floors being broken in numerous places and paint generally is lacking. There is insufficient day space and the patients were generally found in their rooms. Toilet accommodations are insufficient, the plumbing is old, and much of it is concealed in the walls, but it is kept in good repair. While iron beds are used, they are poorly constructed and several were noticed with parts loose. Straw ticks are used, but the bedding is clean and the housekeeping generally good, especially on the women's side.

Although the pauper inmates and the insane have separate tables, they eat in the same dining-rooms, the children eating with the women. The dining-room appointments are crude, the dietary is stereotyped and bread and molasses with either tea or coffee form the staples for breakfast and supper; the food is apparently sufficient, however. The kitchen has little equipment. There is a general lack of fly-screens and flies were numerous on the occasion of the visit. Most of the service departments are in the basement, where light and air are deficient.

Raw sewage flows into a neighboring creek. There is fair fire protection, but there are no outside hydrants. Water pressure is obtained from an elevated water tower, filled by a single pump in the power-house, and the risk of depending on a single pump has caused the Directors to consider another pump near the water tower. An unnecessary fire risk arises from naked, natural gas flames in the men's toilet sections and in some of the basement service rooms.

The farm buildings are in fair condition, except a more or less

dilapidated piggery, which is too close to the main buildings. A new one is planned, however.

A good feature is a small frame structure for contagious diseases, erected largely by inmate labor at small expense. At the time of the visit no insane patients were here, but it was occupied by two tubercular and one syphilitic pauper. There are no other special medical facilities, however, and, of course, under the conditions, proper classification of the insane is impossible.

Administration.—There is an atmosphere of kindness here; the patients appear to receive an unusual amount of personal attention, and the care given, considered as custodial care only, is good. No seclusion is employed, as it is deemed worse than restraint. The latter has been reduced to a minimum, although it is occasionally employed at the discretion of the lay superintendent. The forms used include leather muffs, wristlets, and straps.

The visiting physician calls but three times a week, or as his presence may be deemed necessary by the superintendent. The medical work is limited to the alleviation of physical ills. No medical records are kept, the visiting physician frankly admitting that he cannot afford to keep any for the salary paid. While he passes on the patients' condition for discharge, the initiative proceeds from the superintendent.

A feature of unusual excellence is the manner in which occupation has been developed, the value of work as a therapeutic agent being here recognized and employed as such.

The matter of exercise for idle patients is emphasized, although unfortunately the exercise yards have the usual fence about them. The lack of recreation has evidently appealed to one of the Directors, as he is said to have agreed to furnish at his own expense several entertainments during the coming winter.

Alleged cases of insanity are brought here pending commitment, if they are not taken to jail. If brought here they are cared for with the committed cases without discrimination being made. The issue as to where commitment shall be made is determined by the Board of Poor Directors, although the lay superintendent's recommendation is often taken; the decision is not determined by medical considerations, the troublesomeness of the patient being the main feature considered.

While this institution must be ranked as one of the better

ones of its class, so far as administration is concerned this is untrue as to material conditions. Moreover, the insane receive no medical treatment directed to the cure or improvement of their mental condition, and the care given is pauper care. It would therefore appear desirable to remove the insane to a curative institution. The quarters now occupied by them could be well used by pauper inmates, some of whom now occupy a small detached building at the rear of the main building, which is much less desirable than the main building, even considering the latter's defects.

Institution No. 34

Physical Conditions.—The insane occupy wings extending at right angles from either end of the almshouse building; there is a ward on each of two floors for each sex. The wards are in the form of narrow hallways with rooms on either side, and apart from a small day room on the ground floor, the only day space is in the halls and is, therefore, insufficient. In several of the patients' rooms the plaster has fallen. The windows have heavy, prison-like iron guards. The bed-rooms have no lights, although the doors are locked at night. The only toilet facilities provided at night are tin pots. Most of the doors to the patients' rooms are lined on the inside with tin and in several instances the side walls are so lined to prevent the patients from damaging the plaster. The wards are bare of decorative features and are unattractive in appearance.

The toilet facilities and the single bathtub provided for each sex are apparently sufficient for the small number of patients cared for, but the two tubs are also used by the pauper inmates of the almshouse, although on different days. There is but a single day-attendant for each sex, and on the occasion of the visit women patients were bathing without an attendant. No hot water safety device is provided.

The dining-rooms have windows on one side only and hence the light and ventilation are defective. The insane and pauper inmates eat in the same rooms, but at different tables. The food service is poor, although it is directed as well as possible by the single day-attendant on each side. The food is abundant, but lacks variety. Considerable food waste results from poor service and lack of proper supervision.

Natural gas burners are used, and while they are protected in the insane wards, naked flames were seen in the almshouse and in the basement beneath. This is supposed not to be dangerous, it being said: "Nothing is allowed to come near them that will burn." The steam radiators are in part protected, but those in the women's toilet section and in the dining-rooms are unscreened.

In general, the service departments are well conducted, their chief defect being lack of space and equipment.

The water supply is excellent and abundant. The sewage disposal is unsanitary, with raw sewage flowing into a neighboring creek.

A high iron picket fence surmounted by barbed wire encloses the exercise yard. A bare path worn in the earth about a tree in the yard where a patient mechanically trots day after day is an instance of misdirected energy, which under proper conditions could be rendered productive, again illustrating the futility of the attitude, which regards chronic cases as unworthy of special attention.

Aside from a crude operating room in the almshouse there are no special medical facilities. There is a sick dormitory for each sex, where the sick insane are taken, but these are no different from the other almshouse dormitories. The visiting physician calls regularly but once a week and medical treatment is directed only to the relief of physical ills.

Administration.—In addition to the single day-attendant for each sex, there is a male night-attendant who makes rounds through both the male and the female wards, the propriety of which is certainly open to question. Under the conditions patients are necessarily left alone much of the time, and it was during the absence from the ward of the attendant that a male patient committed suicide on April 4, 1913.

It was said there were no patients restrained or secluded on the day of the visit, the explanation being that troublesome patients were transferred to a State hospital. However, on making rounds a number of men were found locked in a small day room, while the attendant was shaving the other patients in another room at the opposite end of the ward. On the women's side, a woman was found locked in the day room, the attendant being busy elsewhere and it being regarded as unsafe to trust

such patient on the ward alone. It appears that the term seclusion is reserved for seclusion in patients' rooms only. The latter is at the discretion of the lay superintendent. Despite the present lack of restraint, the male attendant spoke of a violent case who last year succeeded in doing considerable damage, even after steel handcuffs had been put on him.

A patient's condition on discharge is determined by the lay superintendent, although it was said that he occasionally advises with the visiting physician.

The patients are committed here by the commission process; but the issue as to whether a patient shall be committed to a State hospital or to this institution is determined by the County Commissioners. While they assume to decide the question on the possibility of improvement and the need of active treatment, they, as laymen, receive no medical advice, except incidentally; and as a matter of practice there is reason to believe that the degree of troublesomeness manifested by the patients is a determining factor. The lay superintendent of this institution makes recommendation when such alleged cases are confined here and it was admitted that such recommendation was usually followed, as it is in the transfer of any committed case to a State hospital.

One County Commissioner asserted that all the insane patients at present in the institution had been returned from State hospitals as chronic, but it was learned from another source that this statement was true of but twelve patients out of the thirty-nine in residence. There is every reason to believe that there are at least several patients now here who could have been improved, if not cured, had they received active medical treatment.

The almshouse is overcrowded every winter and could use the insane wards to advantage, were the insane patients moved elsewhere, as conditions seem to render advisable.

Institution No. 35

Physical Conditions.—This, in most respects, is the best County hospital in the State, and it is significant that it is controlled by an independent, unsalaried Board of Trustees. There is but a single building, recently constructed, which, while presenting excellent features, also has some architectural defects. It more closely approaches actual fireproofing than is usual, and as features of unusual excellence may be mentioned: Sanitary

bubbling drinking fountains, a system of vacuum cleaning, vacuum tubes leading from every part of the building to the basement, plaster-lined linen shutes on every ward and drying closets of most modern character. The most serious architectural defect is the want of sufficient natural lighting, a large number of electric lights being necessary during the day.

An objectionable feature of the site is the almshouse in the foreground, while the hospital approach passes the almshouse out-buildings, including the hennery and the piggery. A serious lack is the want of acreage, hospital being allowed only the land immediately about the building, which has been set apart for its use out of the entire County property, the remainder of which is regarded as belonging to the almshouse.

There are but two wards for each sex, so little classification is possible. The patients mingle in the single large day room found on each ward. A modern feature is the heavy wire window-screens used in place of the usual heavy iron bars. Porch space is provided, including enclosed porches, which afford partial isolation for tubercular cases.

The result of housing disturbed patients in a single day room was seen on the day of the visit; although on entering the disturbed ward it was found comparatively quiet, one patient suddenly began to scream and in a moment the whole ward was in an uproar. An effort is made to overcome this difficulty by placing benches in a hollow square, so that the more disturbed patients can be kept apart.

The toilet facilities are excellent, the plumbing being of the most modern type. However there are no hot-water safety devices. In general, the ventilation is good, a special ventilating system being provided. It is, nevertheless, deficient in the dining-rooms, where the natural lighting is also poor.

The dining-rooms possess an archaic feature in permanently fastened revolving chairs, although the other facilities are excellent. It was admitted that such chairs occasioned difficulty in sweeping and cleaning the room and also when it became necessary to remove an epileptic seized with a convulsion.

The kitchen is excellent except for its location in the basement. The grooves in the concrete floor render cleaning somewhat difficult. For the want of other available space, the service departments generally are likewise in the basement, where the

light and air are deficient. An unnecessary fire risk is involved in the storage of lubricating oil and kerosene in the carpenter shop.

The power-house is the only service facility used in conjunction with the almshouse, it being under the direction of the almshouse steward. When the hospital was built an addition was constructed to the power-house, but it is too small, it being necessary to place the air compressors and pumps so close to the boilers that the bearings of the former must necessarily be injured. The lack of proper natural lighting renders the electrical load heavier than would otherwise be necessary.

Continuous baths are provided, but they are poorly located in that a single one is on each ward, so a single attendant has to be detailed to each, and hence it is never possible to use more than one or two at a time. There is no other hydrotherapeutic apparatus. A modern operating room is provided, adjoining which a small clinical laboratory has recently been fitted up; it is unfortunate that the sterilizing apparatus was not placed in an available anteroom instead of in the operating room itself. Adjoining are two excellent modern hospital wards intended for the respective sexes, but as yet unused except for sick attendants. At present, special dormitories on the wards proper are reserved for sick cases and for new patients.

There is an excellent amusement hall and chapel with a grand piano purchased by the Board of Trustees, and the attention paid to recreation is most commendable.

Administration.—An atmosphere of kindness prevails. The patients receive good personal attention, and for the most part were found in a neat and tidy condition.

Restraint and seclusion can only be used on the physician's order,—the amount employed is larger than will ultimately be the case, as there is at present an undue proportion of disturbed cases, due to transfers from other institutions, when the hospital was opened less than a year ago. Another factor is the inexperience of the attendants, likewise due to the youth of the institution.

A fair percentage of the patients are employed, especially when the great lack of occupational opportunity is considered. There are as yet no occupational classes, but it is planned to establish some in the near future. Special attention is given the matter

of exercise, and this is one of the few County institutions where an enclosed exercise yard is deemed unnecessary. Special opportunity is given for exercise of the indoor workers.

The medical work is satisfactory, so far as the facilities permit, and this is the only County hospital for the insane where there is any medical treatment for the relief of mental diseases as such. The medical records are above the average. While there is no pathological work as yet, it is to be undertaken shortly.

In general, a progressive spirit is manifest, and it is very evident that the local officers and the Board of Trustees work in harmony, with the best interests of the patients and of the institution as their sole aim.

The proximity of the almshouse to the hospital is objectionable, as under similar circumstances elsewhere. Most of the buildings of the former could be remodeled at comparatively small expense, for certain classes of the insane, and could this whole plant be utilized as an insane hospital, the chief defects of the present hospital would be at once eliminated, *i. e.*, lack of opportunity for classification and occupation, especially outdoor work. The best of the almshouse buildings, the almshouse hospital building, is unusually well arranged for an infirmary unit and would require no alterations except minor repairs. The other almshouse buildings, while less satisfactory, present no unsurmountable obstacles preventing their use for the insane. As this institution is located near a center of population, it would appear most desirable to provide accommodations for the almshouse elsewhere and utilize the entire plant for the insane.

Institution No. 36

Physical Conditions.—Separate buildings are provided for the male and the female insane, respectively, both located at the rear of the almshouse. The men's building is of recent construction and is practically fireproof, but is poorly designed for its purpose. There is but a single ward on each of the two floors, so little opportunity is afforded for classification. It is provided with inside stone stairways in lieu of fire escapes, which, however, lead to the basement only. In the original plan, no provisions were made for a dining-room, so a basement room is used, where the light and air are both defective. To reach this dining-room food is carried in tin wash-boilers across an open yard to a base-

ment passageway. No provision originally made for employees and hence makeshift arrangements are now necessary. The halls are narrow; inside iron-barred window guards emphasize the idea of restraint, and despite the fact that the building is comparatively new, the side walls are cracked to some extent and in several places the ceiling plaster has fallen; the toilet facilities are insufficient for the number of patients, especially wash-basins.

The women's building is older and even less satisfactory, save that it has a better dining-room. There are numerous narrow dark passageways, the walls are still more cracked, and paint is generally needed. The toilet accommodations are also less satisfactory than in the men's building, being limited in amount, while the plumbing is old and unsanitary. Despite adverse conditions, the housekeeping is excellent throughout the institution.

The fire protection is defective, especially in the women's building; there is an elevated water tank to afford gravity water pressure, but it is filled by a single pump, so, in case of accident to the latter, the institution would be without water protection. There is no fire fighting apparatus of any description in the men's building. In the women's building there is a small hose with standpipes, but as the latter connect only with small attic tanks filled by rain-water, they afford meager protection. There are three outside fire-escapes, but the approach to one from the third floor is by a window shut off by permanently fastened iron window guards.

The service departments are well conducted, but in most instances space and proper equipment are lacking. The laundry is poorly located in a detached building, in front of the building for women patients.

The farm buildings are old and generally dilapidated. An old, unsanitary, frame piggery is located within three hundred yards of the women's building. It was said that the Board of Poor Directors at one time planned to build a new piggery, following the condemnation of the present one by the Grand Jury, but it was finally determined to defer the matter for another year.

An exercise yard is provided for each sex. The one for men is enclosed with wire screening and is of good size but lacks any seating facilities. The one for women is too small, there are no shade trees, the most of the grass has been worn off, and it is a

most desolate appearing spot; it is enclosed by an old, unpainted, high board fence, which completely shuts off the view. This yard also lacks seating facilities, and when seen patients were crowded together on the ground or were restlessly pacing back and forth. The local authorities plan a larger exercise yard for the women, but unfortunately they consider it necessary to erect a high concrete wall about it.

There is a surgical operating room, poorly located at one side of the entrance to the administrative office in the men's building, but otherwise there is an entire lack of special medical facilities.

Administration.—The superintendent, who is a physician, has charge of the adjoining almshouse, and there being no steward, his time is largely occupied with business and administrative details, so the medical work is directed only to the relief of physical conditions. During his tenure of office he has made a considerable number of material improvements, and has more planned. He has also introduced greatly improved business methods, especially in the matter of purchases and the checking of supplies.

With but few exceptions, the patients present a tidy appearance, and they apparently receive as much personal attention as is possible with the limited number of attendants. As evidence of this may be cited the excellent results attending the effort made to reduce restraint and seclusion to a minimum, especially commendable in view of the absence of hydrotherapy. One patient admitted here from another hospital is said to have been restrained for several months prior to the transfer, but by means of special personal attention such patient has never been restrained here and has recently been induced to do some work.

There is a fair percentage of the patients occupied, but there are no special occupational classes. There is little opportunity for recreation, but emphasis is placed on the matter of exercise.

Two of the women patients have with them their illegitimate children, one fourteen months old and the other eighteen months old. Both children accompanied the mothers when the latter were admitted, although nothing was said about the children in the commitment papers. In one case the infant's maternal grandmother is also a patient, and although considerably demented, was seen holding the child as she sat on the steps leading to the exercise yard, while all about were the other women pa-

tients, some of whom were restless and talkative. The local authorities have no idea as to what disposition will be made of the children, although they hope to make other arrangements soon.

One woman patient was described as a moral imbecile, and certain it is she fails to present any evidence of insanity; she has had five illegitimate children, and is regarded as utterly incorrigible, which appears to be the only basis upon which her commitment as insane rests.

The Board of Poor Directors are perhaps too economically inclined, and it was only with much difficulty that they were finally convinced of the necessity of painting the women's building, although it had not been painted for fourteen years. However, the Board is said to be of a higher caliber than former Boards. It is said that a former Director once vigorously protested against any expenditure for bathtubs, arguing that as he had none in his own house he did not see why the County institution should be so equipped.

The care given is necessarily custodial care only, and as the buildings here are so unsatisfactory for the insane, it would seem desirable to remove such patients to a medical institution. Should such course be followed, the almshouse inmates could use the new building occupied by the male insane, as neither the building for the women insane nor the almshouse building is worth the extensive and expensive repairs required to render them satisfactory.

Institution No. 37

Physical Conditions.—A wing extends at right angles from either end of the almshouse for the respective sexes of the insane; however, the insane occupy only the first and second floors, the third being used by paupers. The wards are short halls with rooms on either side and a small day room at one end. None of the patients' rooms are sufficiently large to properly accommodate more than two beds, but some contain three and four. The side walls are cracked and broken, the bare board floors are worn, paint is everywhere needed, and in the absence of any decorative features whatever, the wards present a most bare and desolate appearance. There is little furniture, a ward for twenty patients having only three benches and a table, while another ward has benches, but no table.

Most of the beds are of iron, but there are a few wooden ones, which it is hoped to replace when funds are available. There are no service or supply closets, the ones in the almshouse proper alone being available. All the toilet facilities are in a large open room; there should be at least twice as many toilet hoppers provided and four times as many wash-basins, considering the number of patients using them. Dependence is placed on natural ventilation only, and it is particularly poor in the toilet sections.

The steam radiators are about to be covered with protecting screens. Such protection was first recommended by the State Committee on Lunacy eight years ago.

The pauper inmates and the insane eat in the same dining-rooms and at the same tables; stools without backs are used and the dining-room appointments are meager and crude. The dining-rooms are as cheerless in appearance as the wards. The kitchen has a board floor broken in at least one place, while the walls and ceilings are smoked, stained, and scratched. A limited equipment renders it impossible to cook the whole of a single meal at once, and as both meat and soup were served for the meal inspected, the meat was placed on the table while the soup was being prepared in the same kettle in which the meat had been cooked, so the latter was cold by the time the patients entered. Although the food appears sufficient in amount, it is of the usual stereotyped variety; breakfasts and suppers are practically the same, the staples being bread, either with or without butter, molasses, and coffee. In summer, however, it is sometimes possible to add for supper only, a tomato, a potato, beans or ginger bread.

The service departments are for the most part in the basement, and considering the character of the institution have a fair equipment and appear well conducted.

The sewage flows untreated into a creek about five hundred feet from the main entrance.

The fire protection is poor, there being practically none for the insane wards, as the single entrance to each ward is from an almshouse hallway and while the hose in the almshouse is sufficient to reach such entrances, it reaches no further. Even this hose was found in disorder, being uncoiled, and it was admitted it had not been tested "for a long while." There are only inside

wooden stairways in the almshouse, and but a single outside fire-escape at one end. There are no outside hydrants.

There is, of course, no proper classification, with but two wards for each sex.

An exercise yard for each sex is provided, each being enclosed by a plain high board fence. But a single bench was seen in the women's yard and none in the men's yard, so most of the patients sit or lie about on the ground. There is but a single shade tree in the women's yard, and neither shade nor shelter in the men's yard. In the latter are numerous paths worn in the earth by the pacing back and forth of the patients.

Administration.—Personal attention is necessarily limited, there never being more than a single attendant on day duty for each ward. With regular time allowance off duty, and with the necessity of the attendants for the insane assisting with the almshouse work, the wards are left alone much of the time. The patients are locked in their rooms at night, but only since July, 1914, has there been a male and a female night-attendant employed. They now make rounds at intervals during the night through both the insane wards and the almshouse, but they do not open the doors of the patients' rooms except in special cases. The cause of the recent employment of the night-attendants was a suicide during the month mentioned. It appears a woman patient was admitted in a disturbed state, and was not only locked in her room at night, but was left in restraint. When her room was entered in the morning, it was found that she had succeeded in freeing herself from the restraint and had hung herself with the bed sheet. She was still alive when found, but died a few hours later.

Another instance which can justly be attributed to the lack of a sufficient number of attendants was the suicide in January, 1914, of a woman inmate of the almshouse who jumped from a third-story window.

In most instances, especially on the male side, the patients' clothing was found disordered, unbuttoned, and in some instances torn, although it should be added it was in the majority of instances clean. In three instances observed on the male wards, the patients' flesh showed through the torn garment, there being no evidence of underwear. Several instances were noted of patients with shoes, but without stockings or socks: some men

wore socks, but had no shoes. One woman was seen eating dinner in the dining-room while barefooted, and later six male patients were seen in the exercise yard in a similar condition. Here also was found a patient admitted on the day of the visit seated alone on the ground in his shirt-sleeves, having received no special attention.

On the occasion of the visit, two women were constantly secluded because of their restless and untidy tendencies. Both cases are defectives without evidence of insanity. No cases were in restraint, it being explained that disturbed patients are at once transferred to other institutions. Should a new case become violent it is the practice to strap the patient to the bed with leather straps about the arms and legs, or in the discretion of the lay superintendent, a strait-jacket may be employed.

While the superintendent is active and apparently anxious to do the best possible for the patients, his idea of the care of the insane is evinced by the question: "What is the best form of restraint?" It appears unfortunate that he should be regarded as specially qualified for the care of the insane by reason of experience obtained as turnkey in the County jail, where he was obliged to care for a certain number of insane persons.

The practice exists here of employing paupers in preference to the insane and such of the latter as are occupied are the willing workers only, there being no occupational training. There is a lack of recreation and the patients lead a drab, colorless existence.

There is an entire lack of special medical facilities, an ordinary dormitory being set apart in the almshouse for sick cases; here the physically sick among the insane are cared for, while the practice also exists of placing uncommitted paupers in the insane wards, if, in the judgment of the local authorities, special circumstances render it advisable. Throughout the institution there is no distinction made in the care of the almshouse inmates and the insane. They eat together, wear the same clothes, and receive the same limited amount of personal attention. As was stated: "There is no favoritism here; everybody, whether insane or a pauper, is treated alike."

This institution has evidently suffered from being subjected to political influences, although it was said such influences are now less active than formerly. That there has been some local recognition of defective conditions is evinced by the plans made

for a new County insane hospital, but a dispute having arisen among the local authorities, no action is considered probable in the near future.

The custodial care here given is below even the usual standard of County institutions, and as a mere matter of humanity the insane patients should be removed at the earliest possible moment. In recognition of existing conditions State aid has been withheld for the time being by recommendation of the State Board of Charities.

GENERAL CONSIDERATIONS OF COUNTY INSTITUTIONS FOR THE INSANE

In reviewing this group of institutions, the most striking feature is the close association maintained between the institutions for the insane and almshouses, in some instances both the insane and paupers being cared for in the same building, and in a few cases in the same ward: the inevitable result is that the care of the insane tends to the almshouse standard, and, indeed, in some places an effort is made to provide exactly the same type of care for both. Hence it is not surprising that one finds the practice common of caring for the insane in the almshouses proper or the uncommitted almshouse inmates in the insane departments, when in the judgment of local authorities circumstances appear to render it advisable.

In numerous instances the material conditions should be remedied for the care of any class of dependents, insane or otherwise, especially as regards unsanitary sewage disposal and the woefully inadequate fire protection so often found.

As a result of the existing system, in these institutions custodial care is generally substituted for active remedial treatment directed to the improvement or the recovery of the insane as such. As a rule, the medical treatment for physical ills is satisfactory, although such is not invariably the case. With but few exceptions, the County institutions have no special medical facilities, nor can it be expected that such facilities can be provided under present conditions, for, with the comparatively small number of patients treated in the respective institutions, such provisions would require a prohibitive per capita expense; but as a result of such lack of facilities, mechanical means of restraint and confinement are substituted for proper personal treatment and

attention. With but a limited number of attendants, enclosed exercise yards and personal restraint and seclusion must inevitably result. Under existing conditions, one cannot blame the caretakers of the insane for resorting to such means, for while restraint and seclusion can and should be abolished, they cannot be successfully abolished without the substitution of other means of dealing with the disturbed insane, such as hydrotherapy, occupational training, and close personal supervision. In this connection it is agreeable to note that little evidence was obtained of actual physical abuse, but that gross neglect exists is indisputable.

That the theory of County hospitals for the chronic insane only does not obtain in actual practice is but a necessary result of the prevailing custom of determining the question as to whether a patient shall be committed to a State hospital or to a County hospital, regardless of prognosis or medical issues, in many instances the decision being made by local lay authorities without medical advice. It is certain that many acute cases have lapsed into chronicity in the County hospitals simply for lack of proper treatment. Dreary, desolate wards, lack of recreation, or other means of exciting or maintaining active interest are alone sufficient not only to hinder improvement or recovery, but must necessarily result in actually hastening the terminal process of deterioration.

UNLICENSED ALMSHOUSES CARING FOR THE INSANE

NOS. 38–48

General Statistics.—

Institution No.	*Insane Inmates*
38	36 (34 committed)
39	2
40	9
41	2
42	1
43	3
44	6
45	6
46	8
47	2
48	7
Total insane	82

None of these institutions is apparently deemed worthy by the State Board of Charities to receive State aid and, accordingly,

none is licensed, yet three have locally recognized insane departments, while in the others the number of inmates above indicated were found actually insane, although cared for without discrimination with the other paupers. Excepting only the thirty-four inmates indicated, none has ever been committed. In addition to the insane, one hundred and ninety-six defectives were found, ranging from the lowest grade idiots to high-grade imbeciles. There are also a large number of dotards; thirty-three children were found; while in one almshouse the conglomerate mass of humanity was found increased by the practice of the courts in committing thereto incorrigible girls.

Institution No. 38

There is a separate building for the insane located at the rear of the almshouse proper. It is partly brick and partly frame; the sexes are divided by central partitions, and while the communicating doors are said to be kept locked, one at least was found open. The ceilings are low; the floors and in some instances the side walls need repair. Dark, narrow passageways are numerous. The stairs are dark, winding, and of wooden construction. The windows are guarded outside by heavy iron bars set in the brickwork and inside by closely woven, heavy wire screens. The ventilation is poor, especially in the small, dark toilet sections, all crude in the extreme and in a most unsanitary state. Bathing facilities likewise are primitive. All the rooms are bare, desolate, and with a prison-like appearance, produced by the iron bars at the windows and in the doors of the so-called "strong rooms." Straw or husk bed-ticks are used, but the bedding, while coarse, is fairly clean. The fire risk is great and fire, at night especially, would inevitably mean loss of life. Lighting is by kerosene lamps; there are no fire-escapes, hose or standpipes. One of the inside stairways has been removed and the stair well used for stores, while a wooden ventilating flue extends to the roof from the second floor, and both would act as flues in case of fire. With windows guarded with iron bars, the patients are locked in their rooms at night, and left without any night-attendant, while the day-attendants sleep in an adjoining building, it being explained that after the patients are locked in their rooms at night "they can't make any trouble." A year ago a barn was burned, resulting in total loss, although an

outside hydrant stands much nearer to its site than to the building for the insane. The radiators are unprotected; an epileptic girl was seriously burned on one some time ago, but no action was taken to correct this condition.

The basement dining-room is dark, ill ventilated, and with a broken concrete floor. The men and women eat together, although at separate tables. There are but a few agateware dishes, and the food service is crude and haphazard. All the service departments are in extremely poor condition. The sewage flows untreated into a neighboring creek, but below the point where part of the water supply is obtained. Litigation is said to have resulted from the County Commissioners' failure to adopt the recommendation of the State Board of Health regarding the sewage disposal.

In many respects the farm buildings are in better condition than the interior of the building for the insane.

There is little personal attention, the only attendants being a married couple, who care for the respective sexes. One patient was seen with finger-nails half an inch long. The clothing was generally disordered and, in some instances, torn. In one case bed-ticking was used as suiting. While no patients were restrained or secluded on the day of the visit, a woman had been shortly released from a strait-jacket after three months' confinement, her poor physical condition suggesting that this might account for the fact that she was fairly quiet when seen. The institution is provided with handcuffs and leather wristlets, but seclusion is more used. The "strong rooms" are inside, have but a single window opening on an inside passage, and are so dark that it is impossible to see across them when looking through the iron bars of the doors. Medical treatment of even physical ills is limited, the visiting physician calling but twice a week, or when the male attendant, who was formerly a driver, deems his presence necessary. The attendant has full authority to discharge any insane patient that he deems fit.

It is considered necessary here that the exercise yards be enclosed, and from $1300 to $1400 is to be spent for a steel fence, replacing an old fence recently blown down, and for a concrete floor for the yard; meanwhile the patients are not allowed to exercise out-of-doors unless they are paroled patients. No opportunity is afforded for classification, all types mingling to-

gether and the two sexes mingling in going to and from the dining-room. There are no recreations, no religious services, and the patients lead a dull, monotonous, mechanical existence.

Institution No. 39

Most defective material conditions exist here, even for an almshouse. The main building is four stories high, and although kerosene lamps are the only illuminant there is no fire protection. The only water supply is from an outdoor hand-pump, an attic tank and a ground cistern, the latter two being filled only by rain and both dry at time of visit, so that the weekly washing had been postponed for lack of water. The heating facilities are insufficient. The only toilet facilities are crude—ground vaults in outside sheds. Bathing facilities are equally primitive. Several old portable iron tubs were seen in various parts of the institution; one partly filled with rubbish, one turned upside down, and none showing evidence of recent use; if used, the water must be carried by hand, all hot water being obtained from the kitchen stove. Under the circumstances, it is perhaps not surprising that there was reason to believe that at least some of the inmates had not been recently bathed. Straw or chaff bedticks are used, but though coarse, the bedding was clean. Empty tin cans are used beneath the bed legs to protect the floor.

A small, single-story, detached building is known as the "mad-house," and is in charge of an imbecile inmate. The yard about this building is enclosed by a rough, whitewashed board fence, and contains the usual ground vault toilet, with an old rusted iron bathtub, in an old shed of unpainted boards. This building is in worse condition than the main one and rubbish was everywhere in evidence, papers, sticks and boxes being scattered indoors and outdoors, while the beds and bedding were dirty and disordered. It is heated by an old battered coal stove. A few broken chairs and a bare table constitute the only furniture. There are several small cell-like rooms, with no outside windows, formed by whitewashed board partitions and with the upper half of the doors set with whitewashed, wooden slats.

The steward and his wife, the matron, are the only inside employees, so that the inmates can receive little personal attention. In the "mad-house," aside from the imbecile in charge, two male idiots were found, an epileptic dement, and an advanced paretic;

the latter two were in bed, although fully dressed, even to their shoes. The paretic was found in one of the small, unlighted rooms, because, it was said, of his untidy habits, and he was in a state of personal uncleanliness when seen.

While primarily for men, the "mad-house," being the only available place in which to segregate mental cases, it was necessary recently to confine an epileptic girl there when she became excited following convulsions. She was restrained with handcuffs and locked in one of the small rooms, despite the presence of male inmates in the adjoining small rooms, it being remembered that the upper halves of the doors are provided with open slats. Her cries and screams are said to have been so constant and so loud that she disturbed not only everybody in the "mad-house," but in the main building, some distance away. Her hands became much swollen in her effort to break down the door, and scars from the handcuffs were perceptible at the time of the visit.

The separation of the sexes is poor. While the male and the female inmates live on opposite sides of the main building, the doors open directly from one side to the other and women inmates were found doing the housework on the male side, with some of the men still on the ward, although no employee was present.

An hallucinatory woman lives with the other inmates, receiving no special attention. There is little medical attention, the visiting physician only responding as the steward, a former tanner, deems necessary. The practice of the County of purchasing morphine for two morphine habitués is at least of questionable propriety.

Institution No. 40

This institution is housed in two old buildings, one erected in 1800 and the other in 1855. The board floors are worn and broken, the plaster is cracked, smoked, and has fallen off in places, while the woodwork is almost devoid of paint and the buildings generally are in a dilapidated condition. They have been condemned by several grand juries, but only recently was an option obtained on a site for a new institution. However, a factional, political fight has developed, and it appears probable that no improvement in conditions can be expected in the near future.

Part of two dark hallways, with rooms on either side, are each reserved as a so-called "insane ward." They are shut off from

the remainder of the halls by partitions of turned wood bars. On one side of each hall is a bare room with a board table and backless wooden benches which serves for a dining-room. All the appointments are meager and crude. Opposite each such dining-room is a toilet section, with a slop sink in lieu of a wash-basin. All the toilet facilities are old, worn, and unsanitary, and they are insufficient in number.

The fire protection is especially poor, and loss of life appears inevitable in case of fire. The sewage flows untreated into a creek less than three hundred yards from the buildings.

In spite of these distressing material conditions, it is a pleasure to note the prevalence of a spirit of kindness and as much personal attention as is possible with a single attendant for each of the two "insane wards." Nevertheless, it would be difficult to imagine a picture more dismal than is presented by the poorly lighted, bare, and dilapidated wards with patients sitting idly on benches ranged on either side, where they spend most of their waking hours. Aside from the actual insane inmates in the "insane wards," there are twenty-one idiots and imbeciles confined there. There is poor separation of the sexes whenever inmates leave the wards, and on such account the presence of a sixteen-year-old girl imbecile, who is extremely erotic, and who has had a child following incestuous relations, is a distinct menace.

This institution is wholly unfit for the care of any class of dependent human beings.

Institution No. 41

The material conditions here are defective, even for sane paupers. A so-called "bull pen" is a locked dormitory where eight inmates were found, one nude, and all in a state of personal uncleanliness. The air was heavy with the odor of a deodorizing agent, it being said that otherwise it would be impossible to remain in the room. The fire risk is great, despite which inmates are allowed to smoke on the second floor.

Cases of alleged insanity are brought here pending commitment, but the two cases now here have never been committed and as they are quiet are treated as the other inmates.

The only provisions for the insane are so-called "cells," three of which are located in the basement and are no longer used. The latter are heavily barred with iron bars over a single high base-

ment window; are provided with heavy double doors which open into the cellar, while the walls are of stone construction. A single winding wooden stairway leads from the cellar to the floor above, so it would appear that the fire risk alone should have prevented their construction.

The cells now used for the insane are rooms set apart in the almshouse proper; each has a single window, heavily guarded by inside iron bars, while a "strong cell" has also iron bars outside the window. Heavy double doors are provided, the inner one being heavily bound with iron braces; they have an aperture in the center with an inside shelf, where food is placed by the pauper inmate, who alone cares for the insane patients. The cells have no furnishings except a mattress and a blanket thrown on the floor, except in a single instance, where a small cot is provided. A tin bucket is the only toilet convenience. As there is but one cell on the women's side, it occasionally happens that women are placed in the men's cells, and it was said that male paupers have used the door aperture to inspect the insane women.

The pauper assigned to care for the male insane is a cripple, and is physically unable to cope with an excited case, but if he deems it necessary to enter the cell of an excited patient he calls to his aid a sufficient number of other inmates to subdue the patient by force of numbers. There are no bathing facilities, and while it was not admitted that insane patients never bathe, the informant remarked: "You can form your own conclusions." He added: "If they are not insane when they come here, this place will make them so."

All alleged cases of insanity are locked in cells, because the local authorities do not feel that they can afford to take chances, since a case committed suicide several years ago and there have been several attempts since. While cases are sometimes committed and removed within a week, it was said that if they have no friends to secure a lawyer to hasten proceedings, "They lay here the limit," and have been locked in a cell for as long as two months without once leaving it.

The visiting physician has no responsibility for the insane, except as his attention may be called to them by the steward for the care of physical ills.

The situation is made worse by the fact that within less than fifteen miles is a State hospital, where, with excellent natural

advantages and good material conditions, only such insane can be received as are regarded as chronic and who are transferred from other institutions for the insane. If the State hospital were allowed to receive new admissions from the surrounding community, the above conditions would soon cease to exist, simply from lack of necessity. A better illustration could not be presented of the results attending the lack of a general policy governing the State as a whole than the existence side by side, within a few miles of each other of such extremes in standards of care.

Institution No. 42

This is an almshouse of the better type and, in general, for an almshouse, the physical conditions are satisfactory. But a single insane patient was found among the inmates and only rarely are patients brought here pending commitment. There is a single cell provided in the basement for the violent insane, which, however, is said not to have been used for about a year. It has a single, small, high, basement window, with a small grated aperture in the center of a solid wooden door. It is so dark that one cannot see across it through the open doorway. It is padded, both as to floor and side walls, and is devoid of furnishings of any kind. The reason for alleged cases not having been brought here recently is that they are more frequently taken to the County jail.

Institution No. 43

This is the smallest almshouse visited, being maintained by a special, small Poor District. No cases of insanity, as such, are ever brought here, but three women inmates were found presenting definite evidence of insanity. All were unattended in their rooms. One was restless, walking up and down, talking to herself, and rubbing her face and neck, upon which were numerous abraded areas thus produced.

Institution No. 44

This is one of the better almshouses, and except that the buildings show age, the physical conditions are satisfactory for almshouse inmates. Few cases of alleged insanity are brought here and none are supposed to be here at present, although six cases were found presenting definite evidence of insanity. The prac-

tice of keeping the alleged insane here has only ceased since the opening of a State hospital in the vicinity, since which time direct commitments from homes are usual. Thus is shown the benefit to a community of a modern hospital for the insane.

There are four so-called cells for the insane, which, since the practice of bringing insane patients here has largely ceased, are used for the punishment of inmates. They are ordinary rooms with iron-barred windows, and an open toilet hopper in one corner, and while two have ordinary wooden doors, substituted at the steward's initiative for the original open iron-barred doors, the latter still remain on the other two cells. When occupied, the doors are kept locked, food being passed through an opening in the iron grating.

Institution No. 45

This is another almshouse with fairly good physical conditions for the care of paupers. No cases of insanity are supposed to be kept here, nor have any alleged cases been sent here for observation for some years. However, six cases were found presenting definite evidence of insanity, aside from deterioration, which is present in a large number; most of these cases have persecutory ideas, thus rendering them a source of annoyance to the other inmates. One involutional case remains mute for days, when she breaks forth into loud wailings and moanings, which she keeps up incessantly for long periods. At such times she is locked in a cell, and although such treatment is said to quiet her within twenty-four hours, it is difficult to understand how this result is effected, except by exhaustion.

The cell mentioned is located in a basement against a hillside; there is a single, small, high window about 10 x 18 inches opening on a narrow shaft and hence both light and ventilation are very poor. It is so dark that little of the interior can be seen by looking through the iron-barred door which opens on a narrow passageway. There are no toilet facilities and the cell is bare of furnishings. As it was remarked: "They dread the locked door." A further remark illustrates the prevailing punitive idea: "You have to show them who is boss."

Tubercular cases are received here, as in most of the other almshouses, none of which have proper facilities for isolation.

For the most part, the material conditions are fairly good for almshouse purposes, in many respects being above the usual almshouse standard. This applies especially to the service departments, farm, etc.

Alleged cases of insanity are brought here pending commitment, but the insane inmates now here are regarded and treated like all the other inmates. Up to a year ago disturbed insane patients were confined in a steel cage formed of flat steel bars arranged in a lattice-work. This, located in the basement, is divided into two compartments by a blank partition, so that two persons can be confined at once, and in the past even patients of the opposite sex are said to have thus been confined together. The use of the cage is now deemed inhumane, it being used now only to punish refractory pauper inmates. The disturbed insane are now confined in a cell, which is merely a cellar room with whitewashed brick walls on three sides and a board partition on the fourth side. It is at least two-thirds below the ground level, with a single, small, high, basement window covered with heavy wire grating. The room is of good size, but is damp, and there is no ventilation, with the door and window closed. It is provided with a single exposed electric-light globe, which can be reached by a patient standing on the bed, and when this fact was pointed out the superintendent remarked that it was fortunate a suicidal patient confined here last winter had not used the globe in a suicidal effort. A bed and a bucket for toilet facilities constitute the only furnishings. There is a door of iron grating, with a heavy, solid, wooden door outside. Both doors are locked when the cell is occupied "to shut out the noise." While it does appear that the cell is slightly less objectionable than the steel cage, yet it is anomalous that it should be regarded as an advance in the humane treatment of the insane.

One of the insane women now here becomes talkative and disturbed at intervals, so it is thought it will eventually be necessary to commit her; but the others are quiet and no such action is probable in their cases. One of the women defectives has a child, the father of whom is a vagrant, formerly an inmate.

Institution No. 47

This almshouse is satisfactory for the care of pauper inmates. No insane are supposed to be kept here and but two insane cases were found. Through the efforts of a progressive visiting physician cases of alleged insanity are rarely brought here pending commitment, although two women were committed from here during the past year, one after a month and the other after two months' residence; as they were quiet they were allowed to mingle with the other inmates, receiving no special attention.

Formerly when it has been necessary to care for disturbed insane, the women have been locked in a narrow hallway outside the bath and toilet rooms, all doors opening on which are of heavy, solid, wooden construction. This hallway is short, has a single window, with an inside, heavy, solid wooden shutter, which it has been customary to close when patients were placed here. Although artificial light is provided, no ventilation is possible under such conditions. This hallway, being the only means of reaching the toilet and bathroom, has had to be traversed when patients wish to reach the latter, thus disturbing the insane inmate here confined.

On the men's side there is a special room for insane cases, which has been finished off with wooden boards covering the entire side walls. It has a single window, inside of which is a solid, heavy, wooden shutter. The door is constructed of wire grating, covered on the outside with a layer of boards. With the door and shutter shut, there is no ventilation. It is a pleasure to note that the steward stated he would only use this room and the hallway in case of extreme necessity.

Institution No. 48

The material conditions here are satisfactory for an almshouse. Although this institution is supposed to have no insane, the local authorities recognize the insanity of the insane persons found among the inmates, it being explained that so long as the insane are quiet and inoffensive it is customary to keep them here, regardless of mental symptoms, as the County thereby saves the extra expense involved in their maintenance in a State hospital. However, when one becomes noisy or troublesome, commitment follows. One such case had an incised wound, the result of striking his head on a washbowl, when, in a fit of anger,

he declared he would kill himself, and it is felt that this individual may shortly have to be committed.

Five of the defective women inmates have borne children, although but two are married, and their husbands have deserted. One has her child with her. A male sane inmate was seen bringing in a basket of potatoes, although his nose was partly eaten away with carcinoma and there was no dressing upon it.

Alleged cases of insanity are brought here pending commitment. When disturbed they are kept in so-called cell rooms, there being four for the men and three for the women. The men's rooms are ordinary rooms, but have tile floors; each has an outside window covered with a close iron-bar mesh-work, with an inside door of similar construction, outside of which is a heavy, solid, wooden door. Both doors are kept locked when the rooms are in use. The women's cell rooms are inside, with no opening other than the door, and hence are dark and poorly ventilated. The side walls are finished with boards; the doors are of heavy, wooden construction, with a central aperture covered with straight, heavy, iron bars. The rooms are heated only from the hallways. The only toilet facilities provided are small vessels. On the day of the visit but one cell was occupied and that by a male, restless, deteriorated epileptic.

While unused, two so-called "standing cells" are an interesting relic of the past; they are merely two small closets, just large enough for an adult to stand erect in with the door closed. If a person once sank down, it would thus be impossible to again assume an erect posture; it was admitted that the quieting effect of such confinement could only have resulted from exhaustion, and it was said that their manifest barbarity caused their abandonment.

SUMMARY OF UNLICENSED ALMSHOUSES

In reviewing this group of almshouses it may be said that, while the majority provide fair material conditions for paupers, even that is not true of all of them, and none have any proper means of caring for the insane. Despite this fact, three of them have locally recognized insane departments. None of the local authorities have any idea as to what constitutes proper treatment for the insane, and there can be no doubt that many insane patients have failed of recovery, even if some alleged cases of

insanity have not been rendered actually insane, by the barbarous treatment to which they have been subjected. In such category may be mentioned seclusion for long periods in dark and unwholesome cells, in some instances cared for only by pauper inmates, and often deprived of even the most common and most necessary conveniences of life. Treated more as wild animals than as unfortunate human beings entitled to every consideration and sympathy, they constitute a class of individuals for whom no possible future misfortune can have any terrors.

Fortunately the number of the insane in the almshouses is comparatively small, but so long as Counties act independently in caring for this dependent class, so long will there be some Counties in which a patient must be either "noisy or troublesome" to receive the benefit of treatment in a State hospital, the matter of cost outweighing the possibility of cure in quiet, inoffensive cases.

GENERAL SUMMARY

In reviewing the State as a whole, as to the care of the insane, a striking feature is the great variability in the standard of care and treatment maintained in different types of institutions, and in some instances in different institutions of the same type. In some places patients receive every care and attention that is indicated by modern science as beneficial, while in others, although there appears no evidence of any degree of actual physical abuse, yet, what may be even worse, there is the most utter neglect.

It appears to be largely a question of the geographical location of a patient's residence whether such patient receives the benefit of active, curative treatment, or is allowed to lapse into chronicity in some custodial institution without an effort made to stay the course of the disease. Just how our boasted political equality can be reconciled with such a vital inequality of opportunity does not appear. There is no greater necessity to "the pursuit of happiness" than mental health, and so far as public provisions are made for the insane it would appear as though one citizen had as much right to receive good treatment and a chance for mental restoration when stricken with mental disease as another.

The un-American and un-democratic practice prevailing in some communities (Institutions Nos. 19 and 27) of sending patients "belonging to the better families" to a State hospital and others to the

county custodial institution should no longer be tolerated. But it is in no way worse than determining the question as to where a patient shall be committed by the degree of troublesomeness manifested, regardless of prognosis. It is impossible that the latter can be adequately taken into account when the matter is determined by County Commissioners, Poor Directors and non-medical stewards and superintendents of county institutions, as is now the prevailing practice, even in communities where the loud boast is heard that only chronic cases are sent to the county institutions.

That varying standards should exist is not surprising in view of the varying methods of dealing with the insane. There can not be more than one best system, and but a single policy can be successfully followed. The only results obtained in the State of Pennsylvania, which have been even approximately satisfactory, have been in the State hospitals. The fact that the State has never yet assumed full responsibility for the insane is no reason why advantage should not be taken of experience. The mere fact that treatment of insanity implies deprivation of liberty suggests the propriety of general laws governing all details of the matter applicable in exactly the same manner to all individuals affected throughout the State.

But apart from the desirability of securing a uniform and satisfactory standard of care is the imperative necessity of taking some action to provide for the excess number of insane in the State for whom there are now no accommodations in any kind of an institution. When, as has happened, a city and a State hospital have to resort to the courts to determine the right of each to refuse to accept more patients because of dangerous overcrowding it would seem as though a definite, well-planned policy should at once be substituted for the present temporizing method, especially as in the dispute mentioned the fact of overcrowding was indisputable, and hence both institutions were justified in their attitude.

Relative Merits of State and County Care

In discussing the relative merits of State and county care, it must be admitted that the latter system has had numerous arguments urged in its favor, the main ones being as follows:

1. Possibility of patients remaining near home and receiving visitors.

2. Greater opportunity for occupation.
3. More individual care and avoidance of so-called "massing together" in large institutions.
4. More homelike surroundings and avoidance of institutional atmosphere.
5. Greater numbers of recoveries.
6. Lower maintenance cost, especially for chronic insane.

The above arguments will be discussed separately and in order.

1. Possibility of Patients Remaining Near Home and Receiving Visitors

While theoretically visits from friends may be more readily possible in county institutions, as a matter of fact they are not. Including only such institutions as keep records of visits and those in which the local authorities felt it was possible to make an accurate estimate, it was found that in six State hospitals, with a census of 7275, there were 2942 patients who had not been visited within a year, while in 21 city and county institutions, with a census of 6476, there were 2583 patients who had not been visited within a year. In figuring the percentage of unvisited patients, the surprising result is that the proportion of visited patients remains practically constant, regardless of the type of institution —the percentage for the State hospitals being 40.43 per cent unvisited and for the city and county institutions 39.88 per cent unvisited.

It is contrary to ordinary experience to believe deprivation of liberty amid familiar scenes is less irritating than the loss of liberty amid strange ones. Under the latter circumstance new surroundings and interests are often found to so occupy even a diseased mind that such deprivation of liberty as is necessary is obscured and unrealized by the patient. Such result cannot be expected when confinement occurs amid familiar surroundings, where all objects recall former habits of unrestricted movement. But aside from the above consideration, if a well balanced State Hospital system were established, with due regard to the distribution of population, no hardship regarding visits need result.

2. Greater Opportunity for Occupation

The matter of occupation is undeniably of first importance. But this, like all other features, must be judged by general results

and not by isolated instances. The degree to which occupation is developed in any institution, regardless of type, depends upon personal initiative and material conditions.

The actual findings respecting this matter are as follows: 8 State hospitals have percentages ranging from 39.1 per cent to 64.3 per cent of the total hospital population regularly occupied.

Institution No.	11	43.2 per cent
	12	48.2 " "
	13	42.1 " "
	14	48.4 " "
	15	39.1 " "
	16	64.3 " "
	17	61.8 " "
	18	48.5 " "

The hospital (No. 15) in which the lowest percentage obtains is termed a State hospital by courtesy only, for, while supported for the most part by State funds, it is under private control. While, as is to be expected, the above percentages show some variation, and the number of patients occupied in some institutions could undoubtedly be increased, the general average is good.

As for the 19 county institutions, the following indicates the percentage of the total number of patients regularly employed:

Institution No.	19	29.2 per cent
	20	28.8 " "
	21	50.7 " "
	22	"1 or 2 patients"—has census of but 8 patients
	23	57.4 per cent
	24	26.8 " "
	25	46.1 " "
	26	"About 50 per cent"
	27	40.9 per cent
	28	36.9 " "
	29	52.1 " "
	30	49.9 " "
	31	50.3 " "
	32	"About 50 per cent"
	33	67.2 per cent
	34	43.5 " "
	35	25.6 " "
	36	32.0 " "
	37	39.2 " "

The percentages given show a much wider range of variability in the number of patients occupied in the county institutions than in the State hospitals, suggesting that when good results are obtained in the former it is because of special local conditions or special initiative. The latter is especially true in Institutions Nos.

21, 23, 29 and 33, where has occupation been developed in an excellent manner, although in the first mentioned under most adverse circumstances. The lesson to be drawn is not that either State or county institutions, as such, offer superior opportunity for occupational work, but rather that opportunity can be offered in any type of an institution if properly equipped and provided with sufficient acreage. The two factors mentioned—material conditions and personal initiative, are alone essential to success, and the mere fact that fairly uniform results are obtained in the State hospitals, whereas county institutions show a wide variability, seems to indicate that such factors are more apt to exist in State hospitals.

3. More Individual Care and Avoidance of So-called "Massing Together" in Large Institutions

The lack of individual care in the State hospitals has not, at the present time at least, assumed the proportions of such lack in county institutions. This fact is demonstrated by the number of attendants found on duty in the various institutions in proportion to the number of patients treated therein. The number actually on duty is, of course, less than the number assigned, as there are always a certain number of absences by reason of sickness, regular time allowance off duty, special details, etc.

In the State hospitals the proportion of day-attendants was as follows:

Institution No. 11	1	attendant to	14	patients
12	1	"	" 13	"
13	1	"	" 12	"
14	1	"	" 13	"
15	1	"	" 11	"
16	1	"	" 16	"
17	1	"	" 13	"
18	1	"	" 19	"

The last institution is for criminal insane only and the proportion of attendants is there less because of the closer confinement of patients and the necessity for a large night force, the latter being in the proportion of 1 attendant to 17 patients.

The proportion of day-attendants in the county hospitals was as follows:

Institution No. 19	1 attendant to	20 patients
20	1 " "	24 "
21	1 " "	16 "
22	None, solely for 8 insane here confined	
23	1 attendant to	21 patients
24	1 " "	22 "
25	1 " "	26 "
26	1 " "	14 "
27	1 " "	22 "
28	1 " "	23 "
29	1 " "	17 "
30	1 " "	22 "
31	1 " "	16 "
32	1 " "	15 "
33	1 " "	18 "
34	1 " "	19 "
35	1 " "	13 "
36	1 " "	21 "
37	1 " "	32 "

In some instances the difference in proportion between the State hospitals and county institutions is not large, but as seen from the details of the care given, as set forth in this report, the type of care in the county institutions, considering the whole system, is so decidedly inferior to that in the State hospitals as to admit of no comparison. In general, it is the substitution of mechanical means of restraint and confinement for personal care and attention, the lesser cost of the former no doubt being a factor.

The difference between the State hospitals and County institutions is still more marked as regards medical care and attention. While all State hospitals have staffs of resident physicians, the number of physicians being in fair proportion to the number of patients treated, in but 8 of the 19 County hospitals are there resident physicians. In 4 County hospitals, or half of those having resident physicians, there is but a single physician in the person of a medical superintendent, or a physician in charge, who in every instance is obliged to devote so much of his time to executive duties that it is impossible for him to give as much attention to strictly medical matters as would appear desirable. In the remaining 4 County institutions with resident physicians, in no instance are there more than two assistant physicians in addition to the physician in charge, although such institutions have the number of patients indicated below:

No. 20, census	886
No. 30, "	517
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In the 11 County hospitals without a resident physician, the only medical attention is that given by visiting physicians who regularly visit only at intervals of varying length. It is thus not surprising to find that the medical work is devoted solely to the treatment of physical ills.

As to "massing together," no properly equipped hospital of any character allows such conditions to exist. A large institution does not necessarily mean such a single, monasterial structure as was formerly in vogue, but a collection of numerous building units, sometimes widely separated. With the modern cottage system, a large institution alone is able to provide proper classification, a general lack of which is one of the serious faults of the county institutions. Indeed, the only classification attempted in the vast majority of them is to separate the disturbed from the quiet as well as may be, but that such result is not always obtained is shown in the main body of this report. It is likewise there shown that the close physical contact between patients of many different types could not be exceeded under any possible condition of "massing together" in a State hospital.

4. More Home-like Surroundings and Avoidance of the Institutional Atmosphere

The less said about the home-like surroundings the better, so far as the average county institution is concerned, for it may be again repeated that average conditions must be considered and not specific instances. And the prevailing custom of erecting the buildings for the insane at the rear of the almshouse buildings is certainly not calculated to remove institutional atmosphere. Neither is the practice peculiar to county institutions for the insane of providing only enclosed exercise yards, most of which are surrounded by high fences, completely cutting off the patients' view.

5. Greater Number of Recoveries

It has been argued that the county hospitals cure more patients than do the State hospitals. If such were the case, it would seem that all progress has been made under false impressions. If poor facilities and lack of facilities produce better results than do proper provisions, then, indeed, should present conditions prevail.

It would be possible to present statistics as to recoveries which, as in the statistics given, would show individual county institutions making a good showing, but as the manner by which recoveries have been determined leaves much to be desired, such statistics would prove nothing. For instance, even in such county institutions as have a physician to determine the question of recovery, it was found that patients were discharged as recovered when diagnosed as suffering from incurable disorders, such as paranoia, and even the fatal disease of paresis. In one institution with a high recovery rate it was found that 33 per cent of the recoveries were alcoholic cases, some of whom were admitted and discharged several times within the year, each time counting as a recovery, one such case repeating on four different occasions. Recovery rates prepared in such a manner are not to be considered seriously. Nor can it be thought that in such institutions as provide a layman to pass on the question of recovery, recovery statistics are any more accurate.

The question of recovery is ofttimes most difficult to determine. Insanity is, after all, a social maladjustment, and, unless a patient has had an opportunity to prove recovery by proper social adjustment outside an institution, statistics bearing on the subject are more apt to lead to erroneous conclusions than correct ones. Hence the desirability of a parole period with subsequent examination prior to discharge. Despite all the above, 7 of the 19 county institutions discharged no cases as recovered during their last hospital year, 5 institutions discharged in the aggregate 18 cases as recovered, while in but 7 were there fair recovery rates, assuming, for the sake of argument, that statistics were accurately prepared. In the State hospitals, on the contrary, normal recovery rates everywhere obtained, except only as they were influenced by their special character, as in the State hospital for chronic insane and the State hospital for criminal insane.

6. Lower Maintenance Cost, Especially for Chronic Insane

It cannot be denied that cost of maintenance is less in county hospitals, as proper facilities cost more than does their lack. Mere custodial care costs less than does remedial medical treatment. An article of poor quality can always be purchased for less than a superior one. It is cheaper to die without medical

attendance than with it. But because these facts are true, no one suffering from even a fatal illness, or with a near relative so suffering, would feel that the question of cost should prevent the sufferer from receiving every possible medical aid and attention. Therefore, it appears strange that mental death, in many respects worse than physical death, should be differently regarded.

But it is argued that chronic insane require only custodial care. The first difficulty is to find the person competent to determine chronicity; while, of course, it is possible to do so in many cases, there are still many others in which present knowledge does not allow a definite statement. No better proof of this is needed than the fact that there were, during the last hospital year of the various institutions, 117 patients discharged as recovered who had been under treatment longer than a year. After making due allowance for such inaccuracies in the statistics as have been pointed out, the above renders striking confirmation of the fact, repeatedly demonstrated by experience, that in some forms of insanity improvement and even recovery may occur after several years' duration. It is therefore not creditable that the question of cost should be allowed to weigh against every possible chance being offered every insane person for mental restoration.

It is, however, unfortunately true that large numbers of the insane cannot be restored by any known means of treatment, but that does not argue that they are not entitled to the best grade of custodial care consistent with a properly economical administration. The details already presented relative to individual institutions indicate that even custodial care, as such, is best given in the State hospitals, for, with detached groups of buildings, no need arises whereby such patients come in contact with acute patients. Furthermore, it is not often that so-called "chronic cases" present the distressing scenes of great excitement or extreme depression and agitation, so feared by some for their injurious effect upon the acute cases. It is rather among the acute insane themselves that such scenes occur, and hence the necessity of acute hospital buildings for the treatment of such conditions, that fine classification may be possible.

There are, however, chronic cases which occasionally suffer from acute exacerbations which require the same treatment as

similar phases of disease in acute cases, and only when such chronic patients are cared for in a well-equipped, large hospital can they be transferred to the acute hospital department and receive proper treatment.

In addition to all the above we now know that infinite possibilities exist in the occupational reëducation of even the most chronic insane patients. But not only do the county institutions fail to provide such work, as such, but in most of them there is no knowledge whatever of the subject. That work is good for the chronic insane is, of course, universally conceded, but that occupation should be fitted to special needs, that dormant interests can thus be awakened, and that practically new mental life is often the result of intensive personal reëducational effort applied with regard to individual needs, there is no conception. But such is the fact and it alone would seem sufficient to render forever obnoxious the idea that ordinary custodial care is good enough for the chronic insane, however less the cost.

The fact that county institutions do not and cannot supply the demand of modern psychiatric progress is evident from a brief consideration of their organization. Controlled as they are by Poor Directors, whose thought is not the cure of insanity, many even expressing an open incredulousness as to its possibility, such institutions are conducted in conjunction with almshouses towards whose standard they inevitably tend. Indeed, as has been noted, in some instances the insane and the paupers occupy the same building, and in but few instances is there any appreciable difference in the character of the care given the two classes of individuals. It should not, however, be assumed that the faults of the county institutions are wilful faults of the local administrations; in most instances the local stewards and superintendents of county institutions were found to be men doing their duty as best they knew and as best they could under woefully inadequate conditions. As a class, they were found to be kindly, humane men, who in the vast majority of instances appreciate the faults of the existing system and would welcome State care of the insane.

Aside from material conditions, the most universal and the most serious lack is the want of medical treatment directed to the

cure of mental disease, as such, but under the existing organization of county institutions such lack is not surprising. The Poor Directors must necessarily be chiefly interested in the matter of expense; should the poor tax be raised, their chances of reelection are of course jeopardized, and it is not without significance that Institution No. 35 is the only county institution in the State, with a single exception, provided with continuous baths and other modern equipment when one learns that it alone of all the county institutions is governed by an independent, unsalaried Board of Trustees.

It is contrary to ordinary experience to expect that all counties can ever be induced to spend sufficient funds to properly equip their institutions. In fact, it would appear unjustified to expect it, for it would mean a prohibitive per capita cost. It is only in large institutions, where the cost is distributed over a large number of patients, that the expense of proper equipment assumes reasonable per capita proportions, and when adequate facilities are provided, it is but common sense to expect the fullest use to be made of them, which is, of course, impossible in small institutions.

It has been argued that a large institution is undesirable, because the superintendent is unable to personally know and direct the treatment of individual patients. But such a view of the matter appears superficial. It matters little to the patient who the individual is who treats him, providing that individual be competent and adequate material facilities be provided. It would appear that a superintendent fulfils his function when he sees that proper facilities and treatment are provided, retaining, of course, such personal supervision as is possible. It is more important that adequate material facilities be provided to supplement skilled medical treatment than that the latter should be administered by any one person; the above, of course, implies a well-organized and competent staff, as none could successfully decry the importance of personal treatment.

To remove the insane from almshouse association, with all that it implies, to provide proper facilities for the treatment of mental disease, as such, including chronic as well as acute conditions, to remove the whole subject of the care of the insane from the realm of partisan politics and at the same time accomplish such result at a minimum expenditure of money is a problem which appears

in no way possible of accomplishment except by the adoption of State care.

As a necessary corollary there should be a State Civil Service for officers and employees, wherein merit alone will win promotion and where like salaries will be paid for like service in all parts of the State—there now existing great inequality in this regard. The successful operation of a State Care system likewise implies a central coördinating or supervisory bureau or commission empowered to maintain proper standards and to recommend the distribution of funds where the greatest needs exist, with regard to the interest of the State as a whole, all, of course, under proper checks. In such connection, the budget system is worthy of consideration.

Such an organization should not displace the local boards of managers, for local initiative and local pride should be stimulated in every proper way and the details of hospital management should be left to them and the superintendent. So it would, of course, be necessary that the exact balance of power between the central and local authorities be very carefully worked out.

Such a definite State-wide scheme is as much in the interest of true economy as humanity, for only thus can uniformity of method be obtained, with resulting economies peculiar to large organizations. The present lack of uniformity in both business and medical methods is a necessary result of the independent manner in which each institution has developed. It follows that experience gained in one institution has been lost in another, while records are worthless for purpose of comparison. By uniting all institutions in one system, the experience of one will become the property of all. Records, both business and medical, being prepared alike throughout the State, will be thereby enhanced in value. And thus alone can medical records be rendered available for scientific study, which is merely the formation of conclusions based on exact data.

There are numerous matters in connection with the care of the insane in Pennsylvania which merit discussion, but which can but be mentioned within the limits of this report. Among them is the need for codification of the insanity law, with the elimination of such an inconsistency as is seen in the provision whereby a voluntary patient must be financially able to provide maintenance, when, in another section, the law reads that indigent patients

shall have the preference in securing admission to hospitals for the insane. It is by the treatment of voluntary patients that later commitments can be avoided, as the importance of early treatment cannot be overemphasized. But under the law an indigent patient must first progress in his mental disease until commitable before he is permitted to receive treatment, although at such point he is given preference.

In connection with the need of early treatment, the matter of psychopathic wards in general hospitals should receive attention. Despite the excellent law passed at the last session of the Assembly relative to such wards, but two have been established, and the practice is still well-nigh universal of placing the alleged insane in jails. Indeed, the plans of a jail about to be erected call for a padded cell for the insane. Insanity being a matter of public health, would seem to more properly belong to the realm of health officers than peace officers, or even poor officials.

A uniform method of commitment should be provided. As at present constituted, the law appears more concerned with an alleged insane person's right of freedom than right of treatment. Provide all legal safeguards thought necessary to prevent wrongful commitment, but do not make them mandatory, except on appeal. If a person knows he needs treatment and desires to receive it, make the way easy. There is far more danger of a mental case failing to receive proper treatment than there is of a sane person being committed as insane. Experience shows the latter but rarely happens, and it is safe to say that whenever it has happened such person has at once been discharged.

The question of after-care following a patient's discharge from the hospital and the subject of public mental hygiene are of vast importance. As in all the ills to which human flesh is heir prophylaxis offers more hope than treatment after the development of disease. The statistics prepared by the National Committee for Mental Hygiene show that at least 50 per cent of the insanity in this country arises from preventable causes—a startling fact, but one offering encouragement for work in this field. It is in such connection that there should be closer reciprocal relations between the general practitioner and the mental specialist.

In bringing this report to a close, it is unnecessary to make further comments on the conditions found to exist throughout the State. The results in no way justify the existing system or

rather lack of system. A remedy is demanded and it is hoped that in some measure this report has pointed the way to complete State care as the remedy needed.

In conclusion, I wish to express to the members of your committee my sincere appreciation of the many courtesies extended me, and to your Executive Secretary, Mr. Robert D. Dripps, my gratitude for his ever-ready assistance and kindly encouragement.

Respectfully submitted,
(Signed) C. Floyd Haviland.

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